

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S97645 (3)
1. Corporation Name
TROPIC CAPITAL CORP.



Principal Place of Business
10451 GULF BLVD.
TREASURE ISLAND FL 33706
US

Mailing Address
P.O. BOX 67888
TREASURE ISLAND FL 33738
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 10451 Gulf Blvd.
27 Suite, Apt. #, etc.
28 Treasure Island, FL
29 Zip
30 33706
31 Country
32 US

3. Date Incorporated or Qualified
12/02/1991

4. FEI Number
59-3107779

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREGORY, WILLIAM P.
715 SWANN AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DPST~~ ☒ DELETE
NAME ~~SMITH, CHANE D.~~
STREET ADDRESS ~~10451 GULF BLVD~~
CITY-ST-ZIP ~~TREASURE ISLAND FL~~

TITLE ~~D~~ ☒ DELETE
NAME ~~LANDRUM, CHARLES T.~~
STREET ADDRESS ~~10451 GULF BLVD~~
CITY-ST-ZIP ~~TREASURE ISLAND FL~~

TITLE ~~D~~ ☐ DELETE
NAME SMITH, DAVID H
STREET ADDRESS 10451 GULF BLVD
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ~~AS~~ ☐ DELETE
NAME GREGORY, WILLIAM P
STREET ADDRESS 715 SWANN AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME Neeffe, Richard J.
1.3 STREET ADDRESS 10451 Gulf Blvd.
1.4 CITY-ST-ZIP Treasure Island, FL 33706 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard J. Neeffe

4/14/98

813-360-7974

CR2E034 (10/97)