

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

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AND  
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97 JAN 21 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V66108**

(4)

1. Corporation Name

**TROPICAL HARBORS, INC.**

Principal Place of Business

Mailing Address

**1201 HAYS STREET  
TALLAHASSEE FL 32301**

**P.O. BOX 5828  
TALLAHASSEE FL 32314-5828**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/23/1992**

3a. Date of Last Report

**03/18/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

~~CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301~~

81 Name

**Corporation Service Company**

82 Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays Street**

83

84 City

**Tallahassee**

FL

85 Zip Code

**32301**

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

*Deborah D. Skipper*  
Signature, typed or printed name of registered agent and fee, if applicable

**Deborah D. Skipper, As Agent**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BOSSER, MARK A</del>	
STREET ADDRESS	<del>1201 HAYS STREET</del>	
CITY - ST - ZIP	<del>TALLAHASSEE FL 32301</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Patricia Pizzuto</b>	
1.3 STREET ADDRESS	<b>1201 Hays Street</b>	
1.4 CITY - ST - ZIP	<b>Tallahassee, Florida 32301</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Judith S. Blancett</b>	
2.3 STREET ADDRESS	<b>1201 Hays Street</b>	
2.4 CITY - ST - ZIP	<b>Tallahassee, Florida 32301</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 the 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:

*Patricia Pizzuto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Pizzuto, Director**

Date

Daytime Phone #

CR2E034 (9/96)

2



ACCOUNT NO. : 072100000032

REFERENCE : 228182 82102A

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 165.00

ORDER DATE : January 20, 1997

ORDER TIME : 4:22 PM

ORDER NO. : 228182-005

800002062978--0

CUSTOMER NO: 82102A

CUSTOMER:

Tropical Harbors, Inc.  
1201 Hays Street

Tallahassee, FL 32301

ANNUAL REPORT FILING

NAME: TROPICAL HARBORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS:

*G. Allen*  
*1/21/97*