## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 423027** 

Entity Name: TROPIC SUPPLY, INC.

**Current Principal Place of Business:** 

1001 SAWGRASS CORPORATE PARKWAY

SUNRISE, FL 33323

**Current Mailing Address:** 

1001 SAWGRASS CORPORATE PARKWAY SUNRISE. FL 33323

FEI Number: 59-1452203 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL VECCHIO (CHARLES F.) 1001 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CD Title SD

Name DEL VECCHIO, CHARLES F Name DEL VECCHIO, MARY GAIL

Address 1001 SAWGRASS CORPORATE Address 1001 SAWGRASS CORPORATE

PARKWAY PARKWAY

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title PD

Name DEL VECCHIO, CHARLES FJR
Address 1001 SAWGRASS CORPORATE

**PARKWAY** 

City-State-Zip: SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES DEL VECCHIO

**PRESIDENT** 

03/07/2017

FILED Mar 07, 2017

**Secretary of State** 

CC9148826814

Electronic Signature of Signing Officer/Director Detail

Date