

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000084720

**Entity Name:** TROPICAL OF KEY LARGO, INC.

**Current Principal Place of Business:**

12 SNIPE RD.  
KEY LARGO, FL 33037

**Current Mailing Address:**

12 SNIPE RD.  
KEY LARGO, FL 33037

**FEI Number:** 65-1132526

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, VAN  
12 SNIPE ROAD  
KEY LARGO, FL 33037 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 P  
Name BROWN, VAN J  
Address 12 SNIPE ROAD  
City-State-Zip: KEY LARGO FL 33037

Title VP  
Name VEDDER, JOHN E  
Address 117 NAUTICAL DRIVE  
City-State-Zip: SOUTH DAYTONA FL 32119

*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:** VAN BROWN

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date