

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063774

**Entity Name:** TROPICAL SMOOTHIE HOSPITAL CAFES, INC.

**Current Principal Place of Business:**

151 COUNTRY CLUB DRIVE, W  
DESTIN, FL 32541

**Current Mailing Address:**

P. O. BOX 755  
FORT WALTON BEACH, FL 32549

**FEI Number: 45-2739380**

**Certificate of Status Desired: No**

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

PAPPAS, JEFFERY J  
151 COUNTRY CLUB DRIVE, W  
DESTIN, FL 32541 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 PAPPAS, JEFFERY J  
Address 151 COUNTRY CLUB DRIVE, W  
City-State-Zip: DESTIN FL 32541

Title TREASURER  
Name CLARK, PAM  
Address 15 PLANTATION OAKS DRIVE  
City-State-Zip: MARY ESTHER FL 32569

*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: JEFFERY J PAPPAS**

**PRES**

**04/29/2021**

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

\_\_\_\_\_  
Date