

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000022353

**Entity Name:** TROPICAL OUTDOOR SOLUTIONS INC.

**Current Principal Place of Business:**

4216 FRANCIS BACON LN.  
SARASOTA, FL 34241

**Current Mailing Address:**

PO BOX 21988  
SARASOTA, FL 34276 US

**FEI Number:** 46-5176859

**Certificate of Status Desired:** No

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

SAMS, LAURIE B  
3859 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233 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 PS  
Name HUDGENS, KYLE  
Address 6242 CORCORANE AVE  
City-State-Zip: NORTH PORT FL 34291

Title VPT  
Name DETERS, TROY  
Address 4216 FRANCIS BACON LN.  
City-State-Zip: SARASOTA FL 34241

*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:** TROY DETERS

VP

03/20/2024

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

\_\_\_\_\_  
Date