

2017 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	Title	VPT
Name	HUDGENS, KYLE	Name	DETERS, TROY
Address	8816 DOLOMITE AVE	Address	4216 FRANCIS BACON LN.
City-State-Zip:	NORTH PORT FL 34287	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: KYLE HUDGENS

PRES

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date