

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000076193

**Entity Name:** TROPICAL HOLIDAY VACATIONS INC.

**Current Principal Place of Business:**

10542 RAINSVILLE ST.  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

443 PALM SEDGE LOOP  
ELGIN, SC 29045 US

**FEI Number:** 84-3351197

**Certificate of Status Desired:** No

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

KOONTZ, ROBERT J  
10542 RAINSVILLE ST.  
PORT CHARLOTTE, FL 33981 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 PD  
Name KOONTZ, ROBERT J  
Address 10542 RAINSVILLE ST.  
City-State-Zip: PORT CHARLOTTE FL 33981

Title VSTD  
Name KOONTZ, PEGGY  
Address 10542 RAINSVILLE ST.  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** ROBERT J. KOONTZ

**PRESIDENT**

**06/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date