## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023787

Entity Name: SOUTH TROPICAL TRAIL, INC.

#### **Current Principal Place of Business:**

5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

### **Current Mailing Address:**

5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

### FEI Number: 59-3498992

# Name and Address of Current Registered Agent:

MCMASTER, JAMES D 6797 S TROPICAL TRAIL MERRITT ISLAND, FL 32952 US

Certificate of Status Desired: No

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                     | DPS                                      | Title           | D                       |      |
| Name                      | GUYTON, MARY EVELYN                      | Name            | GUYTON, THOMAS          |      |
| Address                   | 1607 PINE BAY DRIVE                      | Address         | 5255 S TROPICAL TRAIL   |      |
| City-State-Zip:           | SARASOTA FL 34231                        | City-State-Zip: | MERRITT ISLAND FL 32952 |      |
| Title                     | ST                                       |                 |                         |      |
| Name                      | GUYTON, ELIZABETH R                      |                 |                         |      |
| Address                   | 5255 S TROPICAL TRAIL                    |                 |                         |      |
| City-State-Zip:           | MERRITT ISLAND FL 32952                  |                 |                         |      |
|                           |  |                 |                         |      |

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: THOMAS GUYTON

D

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 07, 2014 Secretary of State CC6262137287