

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97645

Entity Name: TROPIC CAPITAL CORP.**Current Principal Place of Business:**10451 GULF BLVD.
TREASURE ISLAND, FL 33706**Current Mailing Address:**10451 GULF BLVD.
TREASURE ISLAND, FL 33706 US**FEI Number:** 59-3107779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLIED SPECIALTY INSURANCE
10451 GULF BOULEVARD
TREASURE ISLAND, FL 33706-4814 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:** LISA CUMMINGS

04/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	FREEIBOTT, NANCY
Address	10451 GULF BOULEVARD
City-State-Zip:	TREASURE ISLAND FL 33706

Title	STD
Name	KEEFE, SHARON L
Address	10451 GULF BOULEVARD
City-State-Zip:	TREASURE ISLAND FL 33706

Title	D
Name	LAMB, JR., ROBERT C
Address	10451 GULF BOULEVARD
City-State-Zip:	TREASURE ISLAND FL 33706

Title	DIRECTOR
Name	SMITH, MARY C
Address	10451 GULF BLVD.
City-State-Zip:	TREASURE ISLAND FL 33706

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: SHARON L. KEEFE

S, T, D

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date