

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morzhum  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -5 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J06365 (7)**

1. Corporation Name  
**ELMER'S TRADING POST, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O 3355 12TH PLACE, 3355 12TH PLACE, VERO BEACH FL 32960  
Mailing Address: C/O 3355 12TH PLACE, 3355 12TH PLACE, VERO BEACH FL 32960

3. Date Incorporated or Qualified: **03/27/1986**  
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: **59-2656632**  
Applied For:  Not Applicable:

Suite, Apt # etc: 22  
City & State: 23

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

City: 24  
County: 25  
City: 29  
County: 30

7. This corporation has liability for intangible tax under s. 190.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CUSSON, JOHN J.  
C/O 3355 12TH PLACE  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John J. Cusson* (Signature)  
DATE: **6/26/95**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	<b>CUSSON, JOHN J.</b>	<b>C/O 3355 12TH PLACE</b>	<b>VERO BEACH FL 32960</b>
	<b>Richard Bohlman</b>	<b>1415 6th PI</b>	<b>VERO BEACH, FL</b>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. AGENTS RESPONSIBLE FOR FEES, FILING AND OTHER MATTERS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE: *John J. Cusson* **John J. Cusson** **6/26/95 (407) 589-3600**

CR2E034 (3/95)