

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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--07/25/95--01109--001
***255.00 ***225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000066725 (1)

1. Corporation Name

PALM COAST TRADING CORP.

Principal Place of Business

106 WHISPERING PINE DR
PALM COAST FL 32137 164
US

Mailing Address

PO BOX 352890
PALM COAST FL 32135
US

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
01/25/1994

4. FEI Number

APPLIED FOR 59-3221238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190 (2)(c),
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

MOREIRA, ROY
106 WHISPERING PINE DR
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.094(2) and 607.1508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 607.094, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

D
MOREIRA, ROY
13 UTILITY DR., BOX 8
PALM COAST FL 32137

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

☐ Change ☐ Addition

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

D
MOREIRA, NATALIA
13 UTILITY DR., BOX 8
PALM COAST FL 32137

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

☐ Change ☐ Addition

29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

35. NAME

36. STREET ADDRESS

37. CITY, ST, ZIP

☐ Change ☐ Addition

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

☐ Change ☐ Addition

41. NAME

42. STREET ADDRESS

43. CITY, ST, ZIP

☐ Change ☐ Addition

44. NAME

45. STREET ADDRESS

46. CITY, ST, ZIP

☐ Change ☐ Addition

47. NAME

48. STREET ADDRESS

49. CITY, ST, ZIP

☐ Change ☐ Addition

50. NAME

51. STREET ADDRESS

52. CITY, ST, ZIP

☐ Change ☐ Addition

53. NAME

54. STREET ADDRESS

55. CITY, ST, ZIP

☐ Change ☐ Addition

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY MOREIRA

MAY - 18 - 95 - 904-445-6821