

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012282

**FILED**  
**Jun 28, 2018**  
**Secretary of State**  
**CC6089708212**

**Entity Name:** TRADING PARTNER RESOURCE NETWORK, INC.

**Current Principal Place of Business:**

TRADING PARTNER RESOURCE NETWORK, INC.  
1331 SOUTH MAIN STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

725 MILLARD FULLER BLVD.  
AMERICUS, GA 31709 US

**FEI Number:** 82-3690206

**Certificate of Status Desired:** No

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

POMEROY, HARLAN III  
1331 SOUTH MAIN STREET  
GAINESVILLE, FL 32601 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 POMEROY, HARLAN III  
Address 1331 S MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title VPD  
Name ETHERIDGE, NEMA M.  
Address 725 SPRING STREET  
City-State-Zip: AMERICUS GA 31709

Title SECT/D  
Name HARRIS, WILLIAM S.  
Address 725 SPRING STREET  
City-State-Zip: AMERICUS GA 31709

Title TREA/D  
Name CONDRA, BRIAN J.  
Address 1331 S MAIN STREET  
City-State-Zip: GAINESVILLE FL 31601

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARLAN POMEROY

**PRESIDENT**

**06/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date