FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # 003000 1. Entity Name GULF TRADING OF CARRABELLE, INC. 05-07-2002 90231 001 \*\*\*150.00 Principal Place of Business Mailing Address 2323 ENABOB ST PO DRAWER 1336 LANARK VILLAGE FL 32323 **CARRABELLE FL 32322** Principal Place of Busines Suite, Apt. #, etc. - > DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For & State 4. FEI Number 59-2967839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPE. WILLIAM E 2323 ENABOB ST LANARK VILLAGE FL 32323 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STVA TITLE STVD ☐ Delete NAME POPE, WILLIAM E NAME STREET ADDRESS STREET ADDRESS PO BOX 1336 N/A CITY-ST-ZIP CITY-ST-ZIP **CARRABELLE FL 32322**  ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARTZ, MARVIN E STREET ADDRESS STREET ADDRESS PO DRAWER 546 CITY-ST-ZIP CITY-ST-ZIP **SHANON IL 61078** ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if