

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90038 041 \*\*\*150.00

DOCUMENT # 196947

1. Corporation Name  
TRADER JON INC

Principal Place of Business  
511 SO PALAFOX ST  
PENSACOLA FL 32501

Mailing Address  
~~511 SO PALAFOX ST -~~  
PENSACOLA FL 32501 -



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 332 Edgewater Dr.  
Suite, Apt. #, etc.

27 City & State  
28 Pensacola, FL

29 Zip Country  
30 32507

3. Date Incorporated or Qualified

10/20/1956

4. FEI Number

59-0784743

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 owes the current year Intangible  
Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISSMAN, MARTIN  
~~511 S PALAFOX ST~~  
PENSACOLA FL ~~32501~~

332 Edgewater Dr.  
Pensacola, FL 32507

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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, 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 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WEISSMAN, MARTIN  
STREET ADDRESS 511 S PALAFOX  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE VD ☒ DELETE  
NAME WISOTSKY, BERTHA  
STREET ADDRESS 27535 SW 140 AVE  
CITY-ST-ZIP NARANJA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director ☒ Change ☐ Addition  
12 NAME Weissman, Martin  
13 STREET ADDRESS 332 Edgewater Dr.  
14 CITY-ST-ZIP Pensacola, FL 32507

21 TITLE President, Secretary & ☐ Change ☒ Addition  
22 NAME Rosalind B. Weissman Director  
23 STREET ADDRESS 332 Edgewater Dr.  
24 CITY-ST-ZIP Pensacola, FL 32507

31 TITLE Dahl Burke Director ☐ Change ☒ Addition  
32 NAME 1759 Bay Road  
33 STREET ADDRESS Miami, FL 33139  
34 CITY-ST-ZIP

41 TITLE Director ☐ Change ☒ Addition  
42 NAME Cheri Weissman  
43 STREET ADDRESS 301 S. Adams St.  
44 CITY-ST-ZIP Pensacola, FL 32501

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosalind B. Weissman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalind B. Weissman

Pres. 3-15-99

Date

Daytime Phone #

CR2E034 (1/98)