

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 391742

(4)

1. Corporation Name

TRAFFORD PINE ESTATE, INC.



Principal Place of Business

1111 N. 11TH STREET
IMMOKALEE FL 33934
US

Mailing Address

1111 N. 11TH STREET
IMMOKALEE FL 33934
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

DICK, ROGER A.
1111 N. 11TH STREET
IMMOKALEE FL 33934

3. Date Incorporated or Qualified
11/22/1971

3a. Date of Last Report
02/22/1995

4. FEI Number
59-1429941

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. 199.032,
Florida Statutes ☒ Yes ☐ No

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 607.0002 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 607.0005, Florida Statutes.

SIGNATURE

(If Officer or Director, sign and print name of officer or director.)

(If Registered Agent, sign and print name of registered agent.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

PD
DICK, ROGER A
1111 N. 11TH STREET
IMMOKALEE FL

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

SD
DICK, ROGER ADOLPH
1401 CORUNA AVE.
CORAL GABLES FL

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

SD
DICK, MARION R.
1401 CORUNA AVE.
CORAL GABLES FL

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER A. DICK

2-6-96

(41)6574228