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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(1)

ANTARES TRADING COMPANY

|   | of Business   | Mailing Address                           |  |   |  |                                   |                        |
|---|---|---|--|---|--|-----------------------------------|------------------------|
| 9760 SAN J<br>JACKSONVI<br>US   | IOSE BLVD<br>LLE FL 32257   | 9760 SAN JOSE BU<br>JACKSONVILLE FL<br>US |  |   |  |                                   | <del></del>            |
|   |   |   |  |   | 3. Date Incorporated or Qualified 05/25/1976             | 3a. Date of Last Re<br>04/13/1    | 995                    |
| 2. Principal Plac   | pe of Business  | 2a. Mailing Address                       |  |   | 4. FEI Number  |                                   | Applied For            |
| 1   |   | 26  |  |   | 59-1726292   |                                   | Not Applicable         |
| Suite, Apt. #,  | , etc.  | Suite, Apt. #, etc.                       |  |   | 5. Certificate of Status Desired                         | , , , , , ,                       | Additional<br>Required |
| City & State  |   | City & State                              |  |   | Election Campaign Financing     Trust Fund Contribution  |                                   | May Be<br>d to Fees    |
| Zip   | Country 25  | Zip<br><b>29</b>                          | Cour<br>30   | itry  | 8. This corporation has liability or in Florida Statutes | ntangible tax under s<br>\[ \] No | 199.032,               |
| .i  | g. Name and Address of Current  | Registered Agent                          |  |   | 10. Name and Address of New R                            | egistered Agent                   |                        |
|   |   |   |  | 81 Name   |  |                                   |                        |
|   | I, KATHRYN M.   |   | -  | 82 Street Add   | dress (P.O. Box Number is Not Acceptab                   | le)                               |                        |
| GOVERNOR ST.<br>BRANFORD FL 32008   |   |   | -  | 83  |  |                                   |                        |
| BRANT   | UKU FL 32008  |   | 83   |   |  |                                   |                        |
|   |   |   | ĺ  | 84 City   | - · · · · · · · · · · · · · · · · · · ·                  | FL  85   Z                        | p Code                 |
| 11 Pursuant to  | the provisions of Sections 607.0502   | and 607.1508, Florida Statul              | tes, the abov  | re-named corpo  | oration submits this statement for the pur               | pose of changing its i            | registered offic       |
| or registera  | nd agent, or both, in the State of Florid<br>n, and accept the obligations of, Section  | a. Such change was authord                | zed by the c   | orporation's boa  | ard of directors. I hereby accept the appo               | ointment as registered            | d agent. I am          |
|   | i, and accept the obligations or, section   | or oor loods, rional diameter             | <b>.</b>   |   |  |                                   |                        |
| SIGNATURF _   | Signature, typad or printed name of registered agent a  | and title if applicable (Ne               | OTE Registered   | Agent signature requir  |  | DATE                              |                        |
| 12.   | OFFICERS AND  |   | 13.  |   | ADDITIONS/CHANGES TO OFF                                 |                                   |                        |
| TITLE   | SD NOOHEEN B VOUNC  | ☐ DELETE                                  | 1, 1 1   |   |  | Change                            | ☐ Addition             |
| NAME  | MCQUEEN, B YOUNG  |   | 1.2 NA   | ME  |  |                                   |                        |
|   | OKET HMINEDOITY DIVIN C   |   |  |   |  |                                   |                        |
| i   | 2157 UNIVERSITY BLVD S  |   |  | REET ADDRESS  |  |                                   |                        |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000  | □ nereit                                  | 14 CH  | IY - S1 - ZIP   |  | ☐ Change                          | ☐ Addition             |
| CITY+ST-ZIP<br>TITLE  | JACKSONVILLE, FL 00000<br>PD  | ☐ DEFEIF                                  | 14 CH<br>2 1 TI  | TLE   |  | Change                            | ☐ Addition             |
| CITY+ST-ZIP<br>TITLE<br>NAME  | JACKSONVILLE, FL 00000<br>PD<br>MCQUEEN, LINDA S  | ☐ DELETE                                  | 14 CH<br>2 1 TI<br>2.2 NA  | TLE<br>ME   |  | Change                            | ☐ Addition             |
| CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | JACKSONVILLE, FL 00000<br>PD  | DELETE                                    | 14 CH<br>2 1 TI<br>2.2 NA<br>23 S <sup>1</sup>   | TV - S1 - ZIP TLE ME REET ADDRESS   |  | Change                            | ☐ Addition             |
| CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP   | JACKSONVILLE, FL 00000<br>PD<br>MCQUEEN, LINDA S<br>2157 UNIVERSITY BLVD S  | ☐ DELETE                                  | 14 CH<br>2 1 TI<br>2.2 NA<br>23 S <sup>1</sup>   | IY - S1 - ZIP TLE ME REET ADDRESS IY - S1 - ZIP   |  | ☐ Change                          | Addition               |
| CHY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP  THE  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J                        | ☐ DELETE                                  | 14 CH<br>2 1 TI<br>22 NA<br>23 S <sup>3</sup><br>24 CH   | IY-S1-ZIP TLE ME HEET ADDRESS IY-S1-ZIP TLE   |  |                                   |                        |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | ☐ DELETE                                  | 1 4 CH<br>2 1 TI<br>22 NA<br>23 S <sup>3</sup><br>24 Cf<br>3.1 TI<br>32 NA   | IY-S1-ZIP TLE ME HEET ADDRESS IY-S1-ZIP TLE   |  |                                   |                        |
| CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS   | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J                        | ☐ DELETE                                  | 14 CP<br>2 1 TI<br>2 2 NA<br>2 3 S'<br>2 4 CF<br>3 1 TI<br>3 2 NA<br>3 3 S   | TY - ST - ZIP  TLE  ME  HEET ADDRESS  TY - ST - ZIP  TLE  |  | Change                            | Addition               |
| CHY-ST-ZIP THE NAME STREEL ADDRESS CHY-ST-ZIP THE NAME STREEL ADDRESS CHY-ST-ZIP CHY-ST-ZIP   | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | ☐ DELETE                                  | 14 CP<br>2 1 TI<br>2 2 NA<br>2 3 S'<br>2 4 CF<br>3 1 TI<br>3 2 NA<br>3 3 S   | IY-SI-ZIP TLE MME HEET ADDRESS IY-SI-ZIP TLE HME HME HEET ADDRESS IY-SI-ZIP   |  |                                   |                        |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | ☐ DELETE                                  | 14 CP<br>2 1 TI<br>2 2 NA<br>2 3 S'<br>2 4 CF<br>3 . 1 TI<br>3 2 NA<br>3 3 S<br>3 4 CF   | TY-ST-ZIP  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  |  | Change                            | Addition               |
| CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | ☐ DELETE                                  | 14 CF<br>2 1 Ti<br>2 2 NA<br>2 3 S'<br>2 4 CF<br>3.1 Ti<br>3 2 NA<br>3 3 S<br>3 4 CF<br>4 1 Ti<br>4 2 NA   | TY-ST-ZIP  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  ME  HEET ADDRESS  IY-ST-ZIP  TLE  |  | Change                            | Addition               |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE  DELETE                            | 14 CF<br>2 1 Ti<br>2 2 NA<br>2 3 S'<br>2 4 CF<br>3.1 Ti<br>3 2 NA<br>3 3 S<br>3 4 CF<br>4.1 Ti<br>4.2 NF<br>4.3 ST<br>4.4 CF   | TY - ST - ZIP  TLE  ME  HEET ADDRESS  IY - ST - ZIP  TLE  IREEL ADDRESS  IY - ST - ZIP  TLE  MME  REET ADDRESS  TY - ST - ZIP   |  | Change                            | Addition               |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | ☐ DELETE                                  | 14 CP<br>2 1 Ti<br>2 2 NA<br>2 3 S'<br>2 4 Ci<br>3.1 Ti<br>3.2 NA<br>3.3 S<br>3.4 Ci<br>4.1 Ti<br>4.2 NP<br>4.3 Si<br>4.4 Ci<br>5.1 Ti   | TY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP   |  | Change                            | ☐ Addition             |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE  DELETE                            | 14 CP<br>2 1 Ti<br>2 2 NA<br>2 3 S'<br>2 4 Ci<br>3.1 Ti<br>3.2 NA<br>3.3 S<br>3.4 Ci<br>4.1 Ti<br>4.2 NP<br>4.3 Si<br>4.4 Ci<br>5.1 Ti<br>5.2 NA   | TY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME IREEI ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP   |  | Change                            | Addition               |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE  DELETE                            | 14 CP<br>2 1 Ti<br>2 2 NA<br>2 3 S <sup>3</sup><br>2 4 Ci<br>3.1 Ti<br>3.2 NA<br>3.3 S<br>3.4 Ci<br>4.1 Ti<br>4.2 NA<br>4.3 Si<br>4.4 Ci<br>5.1 Ti<br>5.2 NA<br>5.3 SI   | TY-ST-ZIP TLE ME HEET ADDRESS IY-ST-ZIP TLE MIME HEEEL ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS IY-ST-ZIP TLE MME HEET ADDRESS HY-ST-ZIP HEE  |  | Change                            | ☐ Addition             |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE DELETE                             | 14 CH<br>2 1 Ti<br>2 2 NA<br>2 3 S'<br>2 4 Ci<br>3.1 Ti<br>3.2 NA<br>3.3 S<br>3 4 Ci<br>4.1 Ti<br>4.2 Ni<br>4.3 Si<br>4.4 Ci<br>5.1 Ti<br>5.2 NA<br>5.3 Si<br>5.4 Ci<br>5.5 Ti<br>5.5 NA<br>5.3 Si<br>5.4 Ci   | TY-ST-ZIP TLE ME HEET ADDRESS IY-ST-ZIP TLE HEET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME HEET ADDRESS TY-ST-ZIP TLE AME HEET ADDRESS   |  | Change                            | Addition Addition      |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME                      | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE  DELETE                            | 14 CP<br>2 1 Ti<br>2 2 NA<br>2 3 S <sup>2</sup><br>2 4 Ci<br>3.1 Ti<br>3.2 NA<br>3.3 S<br>3.4 Ci<br>4.1 Ti<br>4.2 NA<br>4.3 Si<br>4.4 Ci<br>5.1 Ti<br>5.2 NA<br>5.3 SI<br>5.4 Ci<br>6.1 Ti   | TY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP TLE HEET ADDRESS TY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP TLE AME HEET ADDRESS TY-ST-ZIP TLE HEET ADDRESS TY-ST-ZIP TILE HEET ADDRESS TY-ST-ZIP  |  | Change                            | Addition Addition      |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME            | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE DELETE                             | 14 CP<br>2 1 TI<br>22 NA<br>23 S'<br>24 CI<br>3.1 TI<br>32 NA<br>33 S<br>34 CI<br>4.1 TI<br>42 NA<br>4.3 SI<br>4.4 CI<br>5.1 TI<br>5.2 NA<br>5.3 SI<br>6.1 TI<br>6.2 NA<br>6.1 TI<br>6.2 NA<br>6.1 TI<br>6.2 NA<br>6.1 TI<br>6.2 NA<br>6.1 TI<br>6.2 NA<br>6.3 SI<br>6.3 | TY - ST - ZIP  TLE  ME  REET ADDRESS  IY - ST - ZIP  TLE  IME  IREET ADDRESS  IY - ST - ZIP  TLE  ME  REET ADDRESS  IY - ST - ZIP  TLE  ME  REET ADDRESS  IY - ST - ZIP  TILE  AME  IREET ADDRESS  IY - ST - ZIP  TILE  AME  IREET ADDRESS  IY - ST - ZIP  TILE  AME  AME |  | Change                            | Addition Addition      |
| NAME<br>STREET ADDRESS<br>CITY-SI-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP<br>TITLE  | JACKSONVILLE, FL 00000 PD MCQUEEN, LINDA S 2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000 D DOWNES, FRANCIS J ROBINSON RD/RT 15 BX 6 | DELETE DELETE                             | 14 CPF 2 1 TI 2 2 NA 2 3 S N 2 4 CF 3 . 1 TI 3 2 NA 3 3 . S 3 4 CF 4 . 1 TI 4 2 NA 4 3 S N 4 4 CF 5 1 TI 5 2 NA 5 3 S N 5 4 CF 6 1 T 6 2 NA 6 3 S N  | TY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP TLE HEET ADDRESS TY-ST-ZIP TLE MME HEET ADDRESS TY-ST-ZIP TLE AME HEET ADDRESS TY-ST-ZIP TLE HEET ADDRESS TY-ST-ZIP TILE HEET ADDRESS TY-ST-ZIP  |  | Change                            | Addition  Addition     |

This arribal report of supplied ental arribal report is true and accurate and that my signature shall have the same legal effect as if made under the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name riges, or on a stack right with an address. oath; that I am an officer or director of appears in Block 12 or Block 13 if the

SIGNATURE: