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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 50404

(1)

ANTARES TRADING COMPANY

FILED

Apr 17 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						3 (6818) Allin abini bidir dalin dibab dini bidir dibir dibir dibir dibir bibir 1881
9760 SAN JO JACKSONVIL US		9780 SAN JOSE BLVD JACKSONVILLE FL 3225 US	JACKSONVILLE FL 32257			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 05/25/1976
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number Applied For
21		26				59-1726292 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 City & State		City & State				Fee Required
23]		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country	Zip	⊢ ¬	ıntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	,		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name						
HATCH, KATHRYN M.					Name	
Governor St. Branford FL 32008				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
, , , , , , , , , , , , , , , , , , ,	WIN OND I C DEDUC			83		
				84	City	85 Zip Code
				lΙ		FL `` '
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	Signature, typed or printed name of registered agor		E: Registore	d Age	nt signature rec	equired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD ANOCHEEN B VOUNG	☐ DELETE	1.1 1			Change Addition
NAME	MCQUEEN, B YOUNG		1.2 N			1109 Popolee Rd
STREET ADDRESS	2157 UNIVERSITY BLVD S JACKSONVILLE, FL 00000				I	Fruit Cove FL 32269
CITY-ST-ZIP	PD PD	☐ DELETE	1.4 C 2.1 T	ITY-S	T-ZIP	Change Addition
TITLE	MCQUEEN, LINDA S	[Mill	2.1 N			
NAME	2157 UNIVERSITY BLVD S				ADDRESS	1109 Popolee Rd Fruit Core FL 32255
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 00000				ST - ZIP	Fruit Core FL 32255
TITLE	D	DELETE	3.1 7:		DI-ZII	Change Addition
NAME	DOWNES, FRANCIS J	—	3.2 N			
STREET ADDRESS	ROBINSON RD/RT 15 BX 603	,			ADDRESS	
CITY-ST-ZIP	MAXVILLE, FL 00000		3 4. (CITY - S	ST-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	AODRESS	
CITY-ST-ZIP			4.4 C	ITY-S	T - ZIP	
TITLE		DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	AME	1	
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP		1 55/5-5	_	ITY-S	T-ZIP	[] Ob [] A3200
TITLE		DELETE	6.1 T			Change Addition
NAME				AME	-	j
STREET ADDRESS			6.3 S	TREET	ADDRESS	

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 fusted 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 the address.

3. 4. M. AUBSW