FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **523519** **(7)**

1. Corporation Name
INTERNATIONAL TRADING CORPORATION OF TAMPA, FLOR IDA

Principal Place of Business	Mailing Address
6379 ALDERWOOD ST SPRING HILL FL 34606	6379 ALDERWOOD ST SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1977**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-1712874** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM D
6379 ALDERWOOD ST
SPRING HILL FL 34606

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 _____ DATE
(Signature of person or printed name of registered agent as filed, if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	NEWELL, MARTIN E	12 NAME	
STREET ADDRESS	15111 MANOR HILL DR	13 STREET ADDRESS	
CITY ST ZIP	HOUSTON, TEXAS 00000	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	NEWELL, CAROL M	22 NAME	
STREET ADDRESS	6379 ALDERWOOD ST	23 STREET ADDRESS	
CITY ST ZIP	SPRING HILL, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STOCKFORD, JOYCE	32 NAME	
STREET ADDRESS	6379 ALDERWOOD ST	33 STREET ADDRESS	
CITY ST ZIP	SPRING HILL, FL 00000	34 CITY ST ZIP	
TITLE	PTD	41 TITLE	☐ Change ☐ Addition
NAME	NEWELL, WILLIAM D	42 NAME	
STREET ADDRESS	6379 ALDERWOOD ST	43 STREET ADDRESS	
CITY ST ZIP	SPRING HILL, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BEN SHERWOOD	52 NAME	
STREET ADDRESS	6379 ALDERWOOD ST.	53 STREET ADDRESS	
CITY ST ZIP	SPRING-HILL, FL. 34606	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: William D Newell 4/1/95 904/683.0420
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED DIRECTOR — Date — Daytime Phone Number

0366409 CP