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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **843077** (9)
1. Corporation Name
TRADE-RITE, INC.

Principal Place of Business: **2210 FLORIDA AVENUE P O BOX 1349 JASPER AL 35502-8349**
Mailing Address: **2210 FLORIDA AVENUE P O BOX 1349 JASPER AL 35502-8349**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1979		3a. Date of Last Report 02/08/1994	
21	22		23		4. FEI Number 63-0768463		Applied For <input type="checkbox"/> Not Applicable
24		25		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		32		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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, Title or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when mandatory) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Little, John W.	12 NAME	
STREET ADDRESS	2210 FLORIDA AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	JASPER AL	14 CITY - ST - ZIP	
TITLE	VO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baumann, Robert A.	22 NAME	
STREET ADDRESS	2210 FLORIDA AVE.	23 STREET ADDRESS	
CITY, ST, ZIP	JASPER AL	24 CITY - ST - ZIP	
TITLE	TS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Dot B.	32 NAME	
STREET ADDRESS	2210 FLORIDA AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	JASPER AL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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: *John W. Little* **JOHN W. LITTLE, PRESIDENT** 2-21-95 205 - 221-4744