## 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 #

1. Corporation Name

(2)

TRAFFORD CONSERVATION CLUB, INC.

**FILED** 

Jan 30 1998 8:00am

Secretary of State

|   |                      | 2,                  |              |  |  | BIT 81811 81811 81811 81811 1881         |
|---|----------------------|---------------------|--------------|--|--|--|
| Principal Place of Business Mailing Address   |                      |                     |              | ·····  | ——   | 831 01811 <b>8</b> 3611 41811 03811 4881 |
|   |                      | P O BOX 3040        |              |  |  |  |
|   |                      | VERO BEACH FL 32964 |              |  |  |  |
| <b>us</b> us  |                      |                     |              |  | DO NOT WRITE IN THIS   | S SPACE                                  |
|   |                      |                     |              |  | <ol> <li>Date Incorporated or Qualified</li> <li>12/09/1983</li> </ol> |  |
| 2. Principal P  | lace of Business     | 2a. Mailing Address |              |  | 4. FEI Number  | Applied For                              |
|   |                      | 26                  |              |  | 59-2347645   | Not Applicable                           |
| Suife, Apt. #, etc.   |                      | Suito, Apt. #, etc. |              | 5. Certificate of Status Desired                       | \$8.75 Additional  |  |
| City & State  |                      | City & State        |              |  | Fee Required   |  |
| 23  |                      | 28                  |              | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees   |  |
| Zip   |                      |                     | Countr       | у  | This corporation owes or has paid the c                                |  |
| 24  | 25                   | 29                  | 30           |  | Personal Property Tax due June 30.                                     | Yes No                                   |
| g. Name and Address of Current Registered Agent   |                      |                     |              |  | 10. Name and Address of New Registered                                 |  |
| EVANO, NALITI   |                      |                     |              | Name   |  |  |
| C/O STEWART, NALL, EVANS & HAFNER P.A.  |                      |                     |              | Street Add   | ress (P.O. Box Number is Not Acceptable)                               |  |
| 3355 OCEAN DRIVE  |                      |                     | 83           |  |  |  |
| VE  | RO BEACH FL 32963    |                     | 88           |  |  |  |
|   |                      |                     | 84           | City   | F  | 85 Zip Code                              |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the   |                      |                     |              | e-named corr   |  |  |
| 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  |                      |                     |              |  |  |  |
| 12.   |                      | D DIRECTORS         | 13.          |  | ADDITIONS/CHANGES TO OFFICERS AN                                       | ID DIRECTORS IN 12                       |
| TITLE   | PD                   | ☐ DELETE            | 1.1 TITLE    |  |  | Change  Addition                         |
| NAME PIECK, CHARLES   |                      |                     | 1.2 NAME     |  |  |  |
| STREET ADDRESS 1501 CAMINO DEL RIO VERO BEACH FL 32963  |                      |                     |              | T ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE  | SDT                  | DELETE              | 1.4 CITY -   | ST-ZIP   |  | Channe                                   |
| NAME.   | DOWNEY, DAN          | ר"ו מנונונ          | 2.1 TITLE    |  |  | L Change    Addition                     |
| STREET ADDRESS  | AAA4 OADONHAL DO     |                     | 22 NAME      | T ADDRESS  |  |  |
| CITY-ST-ZIP   | VEDO REACH EL 20022  |                     | 2 4 CITY-    |  |  |  |
| TITLE   | D                    | DELETE 3.1          |              | 01-14  |  | Change Addition                          |
| NAME  | ADAMO HADIAND        |                     | 3.2 NAME     |  |  |  |
| STREET ADDRESS  | 610 S. INDUSTRY ROAD |                     |              | I ADDRESS  |  |  |
| CITY-ST-ZIP   | COCOA FL 32962       |                     | 3.4 CITY-    | ST-ZIP   |  |  |
| TITLE   |                      | DELETE              | 4.1 TOLE     |  |  | ☐ Change ☐ Addition                      |
| NAME  |                      |                     | 4. 2 NAME    |  |  |  |
| STREET ADDRESS  |                      |                     | 4.3 STREE    | ADDRESS  |  |  |
| CITY-ST-ZIP   |                      |                     | 4.4 CITY-    | 67 - ZIP   |  |  |
| TITLE   |                      | DELETE              | 5.1 TITLE    |  |  | ☐ Change ☐ Addition                      |
| NAME  |                      |                     | 52 NAME      |  |  |  |
| STREET ADDRESS  |                      |                     | 5 3 STREE    | ADDRESS  |  |  |
| CITY-ST-ZIP   |                      | T Briefs            | 5.4 CITY-1   | ST-ZIP   |  |  |
| TITLE   |                      | ☐ DELETE            | 6.1 TITLE    |  |  | Change Addition                          |
| NAME<br>CAREET PRODUCES   |                      |                     | 6.2 NAME     | Innered  |  |  |
| STREET ADDRESS  |                      |                     | 6.3 STREE    |  |  |  |
| CITY-ST-ZIP   |                      |                     | 6.4 CITY - S | 51 - ZIP   |  |  |

14. Thereby 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 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 chapter or on an effective mention with an address.