

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

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # H30287

1. Corporation Name

AGNES FUTCH COCHRAN TRADING COMPANY, INC.

Principal Place of Business

2449 TREE RIDGE LN
ORLANDO, FL 32817

Mailing Address

2449 TREE RIDGE LN
ORLANDO, FL 32817

2. Principal Place of Business

21 3475 Paisley Circle, E

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32817

Country

25 ORANGE

2a. Mailing Address

26 3475 Paisley Circle

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32817

Country

30 ORANGE

3. Date Incorporated or Qualified

11/16/1984

3a. Date of Last Report

1996

4. FEI Number

59-2468648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CARSON, JOHN R.
3475 PAISLEY CIRCLE
ORLANDO, FL 32817

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
CARSON, DELORIS T
1734 EVANGELINE AVE
SEBRING, FL 33870

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
CARSON, JOHN R.
3475 PAISLEY CIRCLE
ORLANDO, FL 32817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
CARSON, DARRELL E.
2227 N.E. LAKEVIEW DR.
SEBRING, FL 33870

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
CARSON, WILLIAM R.
978-B E. MICHIGAN ST
ORLANDO, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

000002216430

-06/18/97-01110-006

***165.00

14. I do 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 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 R. CARSON
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/1997

407-867-3043

Date

Daytime Phone

CF2E034 (9/96)