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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H30287 (7)
1. Corporation Name
AGNES FUTCH COCHRAN TRADING COMPANY, INC.

Principal Place of Business

3475 PAISLEY CIRCLE
ORLANDO FL 32817
US

Mailing Address

3475 PAISLEY CIRCLE
ORLANDO FL 32817
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1984

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 2449 TREE RIDGE LN

Suite, Apt. #, etc.

2a. Mailing Address

26 2449 TREERIDGE LN

Suite, Apt. #, etc.

City & State

23 ORLANDO

Zip

24 32817

Country

25 ORANGE

City & State

27 ORLANDO

Zip

28 32817

Country

29 ORANGE

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

JOHN R. CARSON

82 Street Address (P.O. Box Number is Not Acceptable)

2449 TREE RIDGE LN

83

84 City

ORLANDO

FL

85 Zip Code

32817

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

JOHN R. CARSON

John R. Carson

4/28/98

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARSON, DELORIS T
1734 EVENANGELINE AVE
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CARSON, JOHN R.
3475 PAISLEY CIRCLE
ORLANDO FL 32817

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CARSON, DARRELL E.
2227 N.E. LAKEVIEW DRIVE
SEBRING FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CARSON, WILLIAM R.
978-B E. MICHIGAN STREET
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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

JOHN R. CARSON

4/28/98

407-867-3043

CR2E034 (10/97)