

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50078

1. Corporation Name
LOHAN TRADING COMPANY, INC.

Principal Place of Business

8751 ULMERTON RD
SUITE 101
LARGO FL 34641
US

Mailing Address

1314 TAMPA RD
SUITE 114
PALM HARBOR FL 34683
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90185 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1988

4. FEI Number

65-0088737

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 **2843 Alt 19**

Suite, Apt. #, etc.

2a. Mailing Address

26 **2843 Alt 19**

Suite, Apt. #, etc.

City & State

23 **Palm Harbor, FL**

Zip

Country

24 **34686**

25 **Pineellas**

City & State

28 **Palm Harbor, FL**

Zip

Country

29 **34686**

30 **Pineellas**

9. Name and Address of Current Registered Agent

LOPEZ, RON M.D.
35246 US 19 NORTH SUITE 312
SUITE 312
PALM HARBOR FL 34684

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LOPEZ, BERNARD R.**
STREET ADDRESS **1831 N. BELCHER RD, SUITE F**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE

NAME **LOPEZ, MACHELE M.**
STREET ADDRESS **1831 N. BELCHER RD, SUITE F**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

P ☒ Change ☐ Addition

Lopez, Bernard R
2843 Alt. 19
Palm Harbor, FL

34686

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (727) 772-0038

CR2E034 (1/98)