FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:11

DOCUMENT # M76767 (6)

1. Corporation Name
MATLACHA TRADING CO.

Principal Place of Business
~~2633 BRIDGEVIEW~~
~~2633 BRIDGEVIEW~~
~~MATLACHA FL 33909~~
~~US~~

Mailing Address
~~2633 BRIDGEVIEW~~
~~P.O. BOX 416~~
~~MATLACHA FL 33909~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc. 4204 PINE ISLAND RD
23 City & State MATLACHA, FL.
24 Zip 33909
25 Country LEE

2a. Mailing Address
26 MATLACHA TRADING CO.
27 Suite, Apt. #, etc. P.O. BOX 416
28 City & State MATLACHA FL.
29 Zip 33909
30 Country LEE

4. FEI Number 65-0048574 ☐ 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

LEVY, BRIAN
1508 S.E. 17TH AVENUE
CAPE CORAL FL 07927-1992

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	DPS
NAME	BAILEY, HAROLD
STREET ADDRESS	2633 BRIDGEVIEW
CITY - ST - ZIP	MATLACHA FL
TITLE	T
NAME	BAILEY, HAROLD
STREET ADDRESS	2633 BRIDGEVIEW
CITY - ST - ZIP	MATLACHA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3157 E. RIVERSIDE DRIVE	
1.4 CITY - ST - ZIP	FORT MYERS, FL	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3157 E. RIVERSIDE DRIVE	
2.4 CITY - ST - ZIP	FORT MYERS, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] HAROLD E. BAILEY, 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
813-332-4854

0450201 FP