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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M77903

(6)

THE GULF AND HUDSON TRADING COMPANY, INC.

Principal Place of Business Mailing Address

P. O. BOX 5062
P. O. BOX 5062
HUDSON FL 34674
HUDSON FL 34674



3a. Date of Last Report

07/25/1995

3. Date Incorporated or Qualified

04/20/1988

	iace of Business	h · · 1	2a. Mailing Address			4. FEI Number		Applied For	
21	,	26				59-2889845		Not Applicable	
Suite, Apt		Suite, Apt. #, ol	.tc.			5. Certificate of Status Desired	1 1 7	5 Additional Required	
Oity & State	9	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
Zipi 4]	Country 25	Zip 29	30	untry		8. This corporation has liability for Florida Statutes Yes			
	Name and Address of Cur	rrent Registered Agent				10. Name and Address of New I			
				81 N	ame				
HELIE, KING					82 Street Address (P.O. Box Number is Not Acceptable)				
6937 HUDSON AVENUE				of other Address (1.2. Box Hambon is Not Acceptable)					
HUDS	ON FL 34667			B3					
				84 0	ity		les 7	Codo	
					•			ip Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida S	Statutes, the abo	ove-nan	ed corpora	ition submits this statement for the pu	rpose of changing its	registered offic	
familiar wil	In, and accept the obligations of, S	ionda. Such change was ad Section 607.0505, Florida Sta	itnorizea ay the c atutes.	cerpora	ion's board	d of directors. Thereby accept the app	pointment as registered	d agent. I am	
SIGNATURE.									
	Signature, type disciprinted name of registered a	110 000 4 000 000 000 000 000 000 000 00	(NCITE Registered	d Agent sig	ature required	where reinstating);	DATE		
12.	T	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12	
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I. 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)(k). Florida Statutes. I further certify that the information indicated on this innual report or supplemental innual 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 truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or are attrachment with an address.

SIGNATURE:

TO TYPED A PRINTED NAME OF SUMING OFFICER OR DIRECTOR

6/96 813-863-7006