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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 -2 AM 8:32

DOCUMENT # N93000000484 (6)

1. Corporation Name
NORTHEAST FLORIDA EXPORT TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
701 SAN MARCO BLVD STE 1644 JACKSONVILLE FL 32207 US	P O BOX 28136 JACKSONVILLE FL 32226 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3208328 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 550 BALMORAL Cir, N.	26
Suite, Apt. #, etc. 22 302	Suite, Apt. #, etc. 27
City & State 23 JACKSONville, Florida	City & State 28
Zip 24 32218 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

STRAIN, JOSEPH
701 SAN MARCO BLVD
STE 1644
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 550 BALMORAL Cir, N.
33 Suite 302
34 City: JACKSONville FL 35 Zip Code: 32218

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	STRAIN, JOSEPH	1.2 NAME	
STREET ADDRESS	701 SAN MARCO BLVD	1.3 STREET ADDRESS	550 BALMORAL Cir, N. - Suite 302
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONville, Fl 32218
TITLE	D	2.1 TITLE	D, VP ☒ Change ☐ Addition
NAME	IDTENSOHN, SUSAN R.	2.2 NAME	LAVERGNE, CHARLOTTE J.
STREET ADDRESS	107 WEST GAINES ST	2.3 STREET ADDRESS	550 BALMORAL Cir, N. - Suite 302
CITY-ST-ZIP	TALLAHASSEE FL 00	2.4 CITY-ST-ZIP	JACKSONville, Fl 32218
TITLE	D	3.1 TITLE	T/S, D ☒ Change ☐ Addition
NAME	DOVE, JOYCE S.	3.2 NAME	LEONARD, THOMAS M.
STREET ADDRESS	2701 LEJEUNE RD STE 330	3.3 STREET ADDRESS	9567 ST. JOHNS BLUFF Rd, S
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	JACKSONville, Fl 32224
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph A. Strain 1/25/95 904-757-9615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026084