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 MAR 14 AM 8:34

DOCUMENT # P17981 (2)

1. Corporation Name
I COMMODITIES, INC.

Principal Place of Business	Mailing Address
163 DOW GIL ROAD ASHLAND VA 23005	163 DOW GIL ROAD ASHLAND VA 23005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1988
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 6370	26 P. O. Box 6370
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ASHLAND VA	28 City & State: ASHLAND VA
24 Zip: 23005 25 Country: USA	29 Zip: 23005 30 Country: USA

4. FEI Number: 54-1114179 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 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 of new registered agent, if changing) (Required) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOVERMARLE, DONALD H.	12 NAME	
STREET ADDRESS	6 FAIRWAY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	KEOKUK IA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CROWDER, LARS E.	22 NAME	
STREET ADDRESS	163 DOW GIL RD	23 STREET ADDRESS	
CITY-ST-ZIP	ASHLAND VA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LORENCE, A JOHN JR	32 NAME	
STREET ADDRESS	281 OLD SACHEM HEAD DR	33 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare I 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, added or deleted) or on an attachment with an address.

SIGNATURE: L. E. Crowder
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

L. P. Martin & Co. b4•1500024
A Professional Corporation
4132 Innsbrook Dr. Glen Allen, Va. 23060