

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90062 003 ***150.00

DOCUMENT # P17981

1. Corporation Name
I COMMODITIES, INC.

Principal Place of Business

P O BOX 6370
ASHLAND VA 23005
US

Mailing Address

P O BOX 6370
ASHLAND VA 23005
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4335 Cox Road

Suite, Apt. #, etc.

22 City & State

23 GLEN ALLEN VA

Zip Country

24 23060 25 USA

2a. Mailing Address

26 P.O. Box 4380

Suite, Apt. #, etc.

27 City & State

28 GLEN ALLEN VA

Zip Country

29 23058 30 USA

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 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 PD ☐ DELETE
NAME HOVERMARLE, DONALD H.
STREET ADDRESS 1215 SHEFIELD PLACE
CITY-ST-ZIP LEXINGTON KT

TITLE VD ☐ DELETE
NAME CROWDER, LARS E.
STREET ADDRESS 10451 DOW GIL RD.
CITY-ST-ZIP ASHLAND VA 23005

TITLE S ☐ DELETE
NAME LORENCE, A JOHN JR
STREET ADDRESS 281 OLD SACHEM HEAD DR
CITY-ST-ZIP GUILFORD CT

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS RR 4
1.4 CITY-ST-ZIP CYNTHIANA KT 41031

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4335 COX ROAD
2.4 CITY-ST-ZIP GLEN ALLEN VA 23060

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 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

L.P. MARTIN: CO. PC 54-1506924

Date

Daytime Phone #

CR2E034 (11/98)