

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000010229 (1)

1. Corporation Name

NORTHEAST FLORIDA TRADING COMPANY



Principal Place of Business

8421 BAYMEADOWS WAY
SUITE 2
JACKSONVILLE FL 32256
US

Mailing Address

8421 BAYMEADOWS WAY
2
JACKSONVILLE FL 32256
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3167817

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

10. Name and Address of New Registered Agent

DANIELS, L.A. J
8421 BAYMEADOWS WAY
JACKSONVILLE FL 32256

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 607.0602 and 607.1506, 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

2-14-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.A. DANIELS, JR.

2/14/96

904 731-7855

CR2E034 (12/95)