FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033304 (5)

SAFETY HARBOR TRADING COMPANY

FILED Mar 19 1998 8:00am Secretary of State

Displact Class of Coninces	Mailine Address					
Principal Place of Business Mailing Address						
808 S GLEN AVE UNIT 7 TAMPA FL 33809	606 S GLEN AVE UNIT 7 TAMPA FL 33609		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 05/06/1993	·		
2. Principal Place of Business	2a. Mailing Address		4, FEł Number	Applied For		
21 141 Irwin Street East	26 141 Irwin St	reet East	59-3224020	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 Safety Harbor, FL	City & State 28 Safety Harbo	r. RL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 34695 25 USA	Zib	ountry USA	This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible Yes YNo		
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Register	red Agent		
TURBIVILLE, JOHN F 808 S GLEN AVE UNIT 7 TAMPA FL 33609		82 Sireet Addre) John Fyr Túrbivill ss (P.O. Box Number is Not Acceptable) 141 Irwin Street	Bast		
				FL 85 Zip Code 34695		
 Pursuant to the provisions of Sections 607.0502 (and 607.1508, Florida Statutes, the	above-named corpo	ration submits this statement for the purpor	se 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

•	im tamiliar with, and accept the obligations o	i, 360/ioii 6 07,0303, Fi	Uliua Sialulos.			
SIGNATURE	Signature, typed or printed name of registered agent and title	If applicable (NOT	E: Registered Agent elgnature	required when reinstating)	DATE	
12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	PDST	Change	XX Addition
NAME	TURBIVILLE, JOHN F		1.2 NAME	Turbiville, John	7 <u>.</u>	
STREET ADDRESS	606 SO. GLEN AVE., UNIT 7		1.3 STREET ADDRESS	141 Irwin Street		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Safety Harbor, FL		
TITLE	V	XXDELETE	2.1 TITLE	Salety-naibory-cu	Change	☐ Addition
NAME	TURBIVILLE, JOHN F JR.		2.2 NAME			
STREET ADDRESS	606 SO. GLEN AVE., UNIT 7		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP			
TITLE	ST	XX DELETE	3.1 TITLE		Change	Addition
NAME	STAMM, PAULINE L		3.2 NAME		_ •	
STREET ADDRESS	3314 SO. SAN MIGUEL		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP			• •
TITLE		DELETE	4.1 TOTLE		Change	Addition
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	CH-CH-CH-CH-CH-CH-CH-CH-CH-CH-CH-CH-CH-C	DELETE	5.1 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
			6.3 STREET ADDRESS			٠.
STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

Thereby 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.

GNATURE:

(8/3) 797-2080