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

APPROVED AND FILED
95 MAY -1 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064650 (3)**

1. Corporation Name
~~TRADE AMERICA IMPORT-EXPORT, INC.~~
McLEAN MARKETING

Principal Place of Business	Mailing Address
P.O. BOX 120089 CLERMONT FL 34712	P.O. BOX 120089 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3202092 ☐ 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

MCLEAN, SUSAN
637 8TH ST
CLERMONT FL 34711

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	PRESIDENT, DIRECTOR ☒ Change ☐ Addition
NAME	MCLEAN, MATTHEW C	12 NAME	MATTHEW C. MCLEAN
STREET ADDRESS	20574 SUGARLOAF MOUNTAIN RD.	13 STREET ADDRESS	20574 Sugarloaf Mt. Rd.
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	Clermont, Fl. 34712
TITLE	S	21 TITLE	VICE PRESIDENT, SECRETARY ☒ Change ☐ Addition
NAME	MCLEAN, WILLIAM B JR	22 NAME	SUSAN MCLEAN
STREET ADDRESS	20574 SUGARLOAF MOUNTAIN RD.	23 STREET ADDRESS	20574 Sugarloaf Mt. Rd.
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	Clermont, Fl. 34712
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	700001485047
STREET ADDRESS		33 STREET ADDRESS	-05/12/95--01014--005
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
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	T.S. 5/10/95

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 the 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.

SIGNATURE: Susan McLean — 4-26-95 — 904-394-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374324 CP