

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000070625 (7)

1. Corporation Name
TRAFALGAR MARKETING, INC.



Principal Place of Business
KEY WEST CENTRE, 2706 ALT 19 N
STE 213
PALM HARBOR FL 34683
US

Mailing Address
KEY WEST CENTRE, 2706 ALT 19 N
STE 213
PALM HARBOR FL 34683
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2076 INDIAN CREEK CT
Suite, Apt. #, etc.
22
City & State
23 DUNEDIN, FL
Zip Country
24 34698 25 US

2a. Mailing Address
26 PO BOX 1435
Suite, Apt. #, etc.
27
City & State
28 DUNEDIN, FL
Zip Country
29 34697-1435 30 US

3. Date Incorporated or Qualified 10/11/1993
3a. Date of Last Report 07/08/1996
4. FEI Number 65-0490762
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, DONALD K.
455 OCEAN VIEW AVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name NELSON, DONALD K
82 Street Address (P.O. Box Number is Not Acceptable)
2076 INDIAN CREEK CT
83
84 City DUNEDIN FL 85 Zip Code 34698

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 *Donald K. Nelson*

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 | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, NICHOLAS | |
| STREET ADDRESS | 455 OCEAN VIEW AVENUE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, DONALD K. | |
| STREET ADDRESS | KEY WEST CENTRE, 2706 ALT 19 N, STE 213 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | NELSON, NICHOLAS | |
| 1.3 STREET ADDRESS | 2076 INDIAN CREEK CT | |
| 1.4 CITY-ST-ZIP | DUNEDIN, FL 34698 | |
| 2.1 TITLE | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | NELSON, DONALD K | |
| 2.3 STREET ADDRESS | PO BOX 1435 | |
| 2.4 CITY-ST-ZIP | DUNEDIN, FL 34697-1435 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE:

Donald K. Nelson

8/6/97 (813) 785-2439

CP2E034 (4/97)