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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P94000020503** Corporation Name

H. C. TRA	DING COMPANY, INC.				
Principal Place	of Business	Mailing Address			
•		P O BOX 580			
		GULF BREEZE FL 32562-0580		DO NOT WRITE IN THI	S SPACE
00L1 D.1.L.				3. Date Incorporated or Qualifed	
				03/11/1994	
				4. FEI Number	Applied For
2. Principal Pla	ice of Business	2a. Mailing Address		59-3226889	Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	•			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23	0		Country	8. This corporation owes the current year	ntangible
Zip	Country	<u> </u>	n [*]	Personal Property Tax.	∐Yes ∐No
24	9. Name and Address of Curr			10. Name and Address of New Registere	d Agent
	9. Name and Address of Curi	ent Registered Agent	81 Name	01. 15.1.	
FRITZ, BLAINE			00 00000	Idress (P.O. Box Number is Not Acceptable)	-
1012 PANFERIO DRIVE			82 Street Ad	1012 Parteris	
DENG	SACOLA BEACH FL 32561		83	, , , , , , , , , , , , , , , , , , , ,	
FEIN	SACOLA BLACITTE GEGGT				85 Zip Code
			84 City 0	ensacola BCL F	L 12561
		1 007 4500 Florida Statutas		the state of the s	of changing its registered
11. Pursuant	to the provisions of Sections 607.0	ate of Florida. Such change was auth	orized by the corpora	ation's board of directors. I hereby accept the ap-	pointment as registered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Florida	a Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	
SIGNATURE			gistered Agent signature requ	DATE	
	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
12.		☐ DELETE	1,1 TITLE	DPST C.L	Change Addition
TITLE	D DIAME A	_	1.2 NAME	Blaire Fritz	
NAME	FRITZ, BLAINE A		13 STREET ADDRESS	Blaine Prite	
STREET ADDRESS	1012 PANFERIO DRIVE		1.4 CITY-ST-ZIP	Pensaga Bah, Fl 32	1561
CITY-ST-ZIP	PENSACOLA FL 32561	☐ DELETE	2.1 TITLE	/	Change Additio
TITLE]		2.2 NAME		,
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		Change Change
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change"
TITLE			4, 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐
TITLE		[berr.c	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	s		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐
TITLE		C DECE1E	6.2 NAME		
NAME			6.3 STREET ADDRESS	-	
STREET ADDRES	s				
1	1		6.4 CITY-ST-ZIP	l	

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 absolute with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90087 023 ***150.00