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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043055 (0)

1. Corporation Name

TRADE JACKS, INC.

Principal Place of Business

1765 COMMERCE AVENUE
VERO BEACH FL 32960

Mailing Address

1765 COMMERCE AVENUE
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/06/1994
3a. Date of Last Report

4. FEI Number 65-0498341
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

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PAYNE, RUSSELL
1765 COMMERCE AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

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 607.0509 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

(Type or print name of person signing; if registered agent, type or print name of corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12a. NAME

12b. ADDRESS

12c. CITY-STATE-ZIP

12d. TITLE

12e. NAME

12f. ADDRESS

12g. CITY-STATE-ZIP

12h. TITLE

12i. NAME

12j. ADDRESS

12k. CITY-STATE-ZIP

12l. TITLE

12m. NAME

12n. ADDRESS

12o. CITY-STATE-ZIP

12p. TITLE

12q. NAME

12r. ADDRESS

12s. CITY-STATE-ZIP

12t. TITLE

12u. NAME

12v. ADDRESS

12w. CITY-STATE-ZIP

12x. TITLE

12y. NAME

12z. ADDRESS

12aa. CITY-STATE-ZIP

12ab. TITLE

12ac. NAME

12ad. ADDRESS

12ae. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME

13b. ADDRESS

13c. CITY-STATE-ZIP

13d. TITLE

13e. NAME

13f. ADDRESS

13g. CITY-STATE-ZIP

13h. TITLE

13i. NAME

13j. ADDRESS

13k. CITY-STATE-ZIP

13l. TITLE

13m. NAME

13n. ADDRESS

13o. CITY-STATE-ZIP

13p. TITLE

13q. NAME

13r. ADDRESS

13s. CITY-STATE-ZIP

13t. TITLE

13u. NAME

13v. ADDRESS

13w. CITY-STATE-ZIP

13x. TITLE

13y. NAME

13z. ADDRESS

13aa. CITY-STATE-ZIP

13ab. TITLE

13ac. NAME

13ad. ADDRESS

13ae. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with no additions.

SIGNATURE: RUSSELL PAYNE

(Type or print name of signing officer or director)

Russell Payne 2-20-95 (407) 778-2652