

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054097 (8)

1. Corporation Name

CENTRAL FLORIDA TRADING COMPANY



Principal Place of Business

**2300 SUN BANK CENTER
200 SOUTH ORANGE AVE.
ORLANDO FL 32801**

Mailing Address

**2300 SUN BANK CENTER
200 SOUTH ORANGE AVE.
ORLANDO FL 32801**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVE.
ORLANDO FL 32801**

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
04/17/1995

4. FEI Number

59-3259096

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

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 607.0502 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 of the person who is the registered agent in the State of Florida

Signature of the person who is the registered agent in the State of Florida

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROBERTS, WILLIAM A**
STREET ADDRESS **% 200 S. ORANGE AVE., 2300 SUN BANK CENTER**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/S/T** ☒ Change ☐ Add on

1.2 NAME **Roberts, William A.**

1.3 STREET ADDRESS **401 Long Blvd. 318 RANDON TERRACE**

1.4 CITY-ST-ZIP **Grand Island, NY 14872 LAKE MARY FL 32746**

2.1 TITLE ☒ Change ☐ Add on

2.2 NAME

2.3 STREET ADDRESS **318 RANDON TERRACE**

2.4 CITY-ST-ZIP **LAKE MARY FL 32746**

3.1 TITLE ☐ Change ☐ Add on

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add on

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add on

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

DATE

CH2E034 (12/95)