Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90105 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041222

THE NAL	UTICAL TRADER OF THE	GULF	COAST, INC.							
Principal Place	e of Business	M	ailing Address					iki masii maiti as		1818 1781 1381
110 COLONIA L	N ·	11	O COLONIA LIN							
NOKOMIS FL 34275 NOKOMIS FL 34275						ļ	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		N AOL	
							05/22/1995		····	
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number			lied For
21		~~ 26					<u>59-3318564</u>			Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
22		27								·
City & State	e	<u> </u>	City & State				6. Election Campaign Financing		\$5,00 to Added to	
23		28					Trust Fund Contribution			rees
Zip —	Country	\vdash	Zip	_ Country □			8. This corporation owes the curr		ngible ∐Yes	KNo
24	25	29	30	0)			Personal Property Tax. 10. Name and Address of New F			A
	9. Name and Address of Curr	ent Regi	stered Agent	81	N	lame	To. Name and Address of New P	egistores A	gent	
MON	IROE, HARRY III				ļ ''					`
110 COLONIA LN				82	82 Street Address (P.O. Box Number is Not Acceptable)					
NOKOMIS FL 34275				83						
110/1	OMIO 1 E 04273			63	1				_	
				84	С	City		FL	85 Zip C	ode
agent. I a	Signature, typed or printed name of registered a					nature required	's board of directors. I hereby accep	DATE		
12.	OFFICERS A	ND DIR	ECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE .	D .		☐ DELETE	1.1 TITLE					Change	Addition
NAME	MONROE, HARRY III			1.2 NAME						
STREET ADDRESS	110 COLONIA LN			1.3 STREET	T ADD	DRESS				1
CITY-ST-ZIP	NOKOMIS FL 34275			1.4 CITY-S	T-ZIF	Р		_		
TITLE	D		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	MONROE, CLAIRE L			2.2 NAME						ĺ
STREET ADDRESS	110 COLONIA LN			2.3 STREET	TADE	DRESS				Ĭ
CITY-ST-ZIP	NOKOMIS FL 34275			2. 4 CITY-S	T-ZII	P	ن ۱	·		• • · · .
TITLE			☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME				3.2 NAME		•				
STREET ADDRESS				3.3 STREET	TADE	DRESS				{
CITY-ST-ZIP				3.4. CITY-S	ST-ZII	P		_		
TITLE			☐ DELETE	4,1 TITLE					☐ Change	Addition (
NAME	}			4.2 NAME		}				}
STREET ADDRESS				4.3 STREET	TADO	DRESS				
CITY-ST-ZIP		_		4.4 CITY-S	T- ZIF	P				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME				5.2 NAME						
OTTOET 1000000	l			53 STREET	TADE	DRESS I				

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 of the receiver of 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Addition

Change