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**PROFIT CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** *PU000007455*  
1. Corporation Name  
**TRADING TRADITIONS, INC.**

Principal Place of Business Mailing Address  
**1559 BEACH WALKER RD 1559 BEACH WALKER**  
**Amelia Island, FL Amelia Island, FL**  
**32034 32034**

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	23 Zip	29 Country	30 Country

**9. Name and Address of Current Registered Agent**

**SIMPSON, DONNA**  
**1559 BEACH WALKER ROAD**  
**Amelia Island, FL 32034**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**OFFICERS AND DIRECTORS**

12. TITLE	<b>S/T/D</b>	[ ] DELETE
NAME	<b>SIMPSON, DONNA</b>	
STREET ADDRESS	<b>1559 BEACH WALKER RD</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND, FL 32034</b>	
13. TITLE	<b>P/D</b>	[ ] DELETE
NAME	<b>SHIPPEY, KELLEY</b>	
STREET ADDRESS	<b>1559 BEACH WALKER RD.</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND, FL 32034</b>	

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**600002774626- - 6**  
**-02/15/99--01014--021**  
**\*\*\*\*158.75 \*\*\*\*158.75**

*JPB*  
*2-10-99*

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 attachment with an address, with all other like empowered.

**SIGNATURE:** *Donna Simpson - Secretary/Treasurer* **29 January 1999**

CR2E034 (11/98)