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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100816 (3)

TRANSCO MERCHANDISING, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5263 OCEAN BLVD. SUITE 3 PO BOX 35073 SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For P.O. BOX 35073 4057 CROCKERS LAKE BLUD 65-0712443 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П SUITE 2522 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SAKASOTA SARASOTA FLORIDA FLORIDA Trust Fund Contribution Added to Fees Country Country &SA 8. This corporation owes or has paid the current year Intangible US A 34278 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REINICKE, STEPHANIE A 1800 SECOND ST 82 Street Address (P.O. Box Number is Not Acceptable) Suite 803 83 SARASOTA FL 34236 City Zip Code 85 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition DOULATRAM, JAGDISH NAME DOULATRAM, JAGDISH 1.2 NAME 4057 CROCKERS LAKE BLVD, APT 2522 STREET ADDRESS 4008 CROCKERS LANE BLVD APT 316 1.3 STREET ADDRESS CARASOTA, FL 34238 Sarasota fl CITY-ST-7IP 1.4 CITY+ST-ZIP TITLE □ DELETE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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.

SIGNATURE:

JAGDISH DOULATRAM

941-9227088