

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000075538 (3)
 1. Corporation Name
THE TICA TRADING COMPANY, INC.



| | |
|--|--|
| Principal Place of Business 418 CROW'S BLUFF SATSUMA FL 32189 166 Grandview W E Palatka FL 32131 | Mailing Address PO BOX 896 SAN MATEO FL 32187 E Palatka FL 32131 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 above address Suite, Apt. #, etc. | 2a. Mailing Address 26 PO Box 896 Suite, Apt. #, etc. |
| 22 City & State 23 E Palatka FL | 27 City & State 28 San Mateo FL |
| 24 Zip 25 32131 | 29 Zip 30 32187 |
| 25 Country 26 USA | 30 Country 31 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/02/1997 | |
| 4. FEI Number 59-3463288 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
JONES, CAROL A
118 CROW'S BLUFF
SATSUMA FL 32189

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name Carol A Jones | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 166 Grandview W | |
| 83 City E Palatka FL | |
| 84 City FL | 85 Zip Code 32131 |

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 Carol A Jones (NOTE: Registered Agent signature required when reinstating) DATE **4/2/98**

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE President/Owner | <input type="checkbox"/> DELETE |
| NAME Carol A Jones | |
| STREET ADDRESS 166 Grandview W | |
| CITY-ST-ZIP E Palatka FL 32131 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: Carol A Jones DATE: **4/2/98** 904-312-9865

CR2E034 (10/97)