

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90084 038 \*\*\*150.00

DOCUMENT # P98000082765

1. Corporation Name

FIRST NATIONAL COMMODITIES CORPORATION

Principal Place of Business

2720 SOUTH OCEAN BOULEVARD #216  
PALM BEACH FL 33480

Mailing Address

2720 SOUTH OCEAN BOULEVARD #216  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEI Number

65-08 15212

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 660 S. Federal Hwy  
Suite/Apt. #, etc.

22 100

23 Pompano Beach

24 FL

25 33062

2a. Mailing Address

26 same

27 Suite/Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PERSON, MARY A  
2720 SOUTH OCEAN BOULEVARD #216  
PALM BEACH FL 33480

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 *Mary Person*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 11/99.

12. OFFICERS AND DIRECTORS

TITLE John L. Person ☒ DELETE  
NAME 2720 S. Ocean Blvd #216  
STREET ADDRESS Palm Beach, FL 33480  
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 President ☒ Change ☒ Addition  
1.2 NAME Mary A Person  
1.3 STREET ADDRESS 2720 S. Ocean Blvd #216  
1.4 CITY-ST-ZIP Palm Beach, FL 33480 ☐ Change ☐ Addition

2.1 TITLE V.P.  
2.2 NAME John L. Person ☒ Change ☐ Addition  
2.3 STREET ADDRESS 2720 S. Ocean Blvd #216  
2.4 CITY-ST-ZIP Palm Beach FL 33480

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE: *Mary Person*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (800)303-2247  
Date Daytime Phone #

CR2E034 (11/98)