SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # (9)MATERIALS TRADING COMPANY, INC. Principal Place of Business Mailing Address 1526 EDGEWATER BEACH DRIVE XXXXXXXXXXXXX LAKELAND FL 33805 LAKELAND FL 83664826X 3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1992 01/24/1995 2. Principal Place of Business Mailing Address 1804 W. Lake Parker Drive 4. FEI Number Applied For 21 26 59-3101435 Not Applicable Suite, Apt #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Lakeland, FL 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s 199 032 33805 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURPHY, RONALD T. 4740 CLEVELAND HEIGHTS BLVD. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 83 84 City 11. Pursuant to the provisions of Sections 607.0502 ap. 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar acts, and accept the obligations of, Section 607.0505. Florida Statutes. Bruce A. Hartup SIGNATURE ed when reinstating) 12. RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/96) TITLE DELETE 1.1 DILE Change Addition NAME HARTUP, BRUCE ALAN 1.2 NAME CR2E034 STREET ADDRESS 1256 EDGEWATER BEACH DRIVE 13 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 14 CITY - ST - ZIP TITLE DELETE 2.1 DILE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CITY -ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST- ZIP TITLE DELETE 6.1 TITLE Change Add tion NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). 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 or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Biod achment with an address SIGNATURE: June 10, 1996 941/683-4492

OF SIGNING OFFICER OR DIRECTOR