

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:25

DOCUMENT # **V07019** (5)

1. Corporation Name

TREASURE HARBOR TRADING COMPANY, INC.

Principal Place of Business

86729 OLD HIGHWAY
ISLAMORADA FL 33036

Mailing Address

86729 OLD HIGHWAY
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0310581

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MAAS, JOHN P
590 ENGLISH AVE
HOMESTEAD FL 33030

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

(Applicant, Agent or limited partner of registered agent and the filer only)

(2011 Registered Agent signature required above membership)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BERRY, DENNIS
STREET ADDRESS 88181 OLD HIGHWAY #623 171 Ocean Lane
CITY, ST, ZIP ISLAMORADA FL 33036

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 171 Ocean Lane
1.4 CITY, ST, ZIP ISLAMORADA, FL 33036

TITLE VPST
NAME BERRY, MARIA E
STREET ADDRESS 88181 OLD HIGHWAY #623
CITY, ST, ZIP ISLAMORADA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 171 Ocean Lane
2.4 CITY, ST, ZIP ISLAMORADA, FL 33036

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 as an attachment with an address.

SIGNATURE:

Maria E. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

305-852-0511