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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13170

(6)

TRAD-A-HOUSE CORPORATION

Mailing Address

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business 1926C CORPORATE SQUARE DRIVE 1926C CORPORATE SQUARE DRIVE SLIDELL LA 70458 SLIDELL LA 70458 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1987 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 72-0749767 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi KRAEMER, MARY K 727 HIGHWAY 98 WEST 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 84 City 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 (NOTE: Bogistered Agent signature required when reinstating) Signature: typed or protect name of registered a just and title if applicable 10/91 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ___ Addition 11 TITLE Change TITLE O'NEIL, TIMOTHY H. JR. 12 NAME NAME 1926C CORPORATE SQ. DR. 1.3 STREET ADDRESS STREET ADDRESS **SLIDELL LA** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change 2.1 TITLE Addition TITLE O'NEIL, BETTY G. NAME 2.2 NAME **408 CHRISTIAN LANE** STREET ADDRESS 2.3 STREET ADDRESS **SLIDE**LL LA CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE O'NEIL, TIMOTHY III 3.2 NAME NAME **109 TURTLE CREEK BOULEVARD** STREET ADDRESS 3.3 STREET ADDRESS **SLIDELL** LA CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - 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 aburge

16.60