PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	1	64	14	በ	3
4 Composite a Name			$\mathbf{\nabla}$, 7	·	\smile

701 BRICKELL AVENUE

SUITE 3000

MIAMI FL 33131

Corporation Name

SETZER'S WAREHOUSING CORPORATION, INC.

Principal Place of Business		
50 N LAURA ST SUITE 3900 JACKSONVILLE FL 32202 US	PO BOX 52687 JACKSONVILLE FL 32201	1-2687
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip Country 25	Z(p 29	Country 30
9. Name and Address of	Current Registered Agent	81 Name
INTRASTATE REGISTERED AG	ENT CORPORATION	lo i Name
TO PRIORE MENUE	Litt Coll Civiloit	82 Street

APPHONED AND ALL

99 MAR - 9 PH 12: 10

SECTE DAY OF SYME VALUE ASSOCE, PLOBIDA



	DO NOT WRITE IN	THIS SPACE
	 3. Date Incorporated or Qualifed 02/28/1951 4. FEI Number 59-0842405 	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
Name	This corporation owes the current yes Personal Property Tax Name and Address of New Register	∐Yes ∏No
	dress (P.O. Box Number is Not Acceptable)	
Čity		El 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE. Registered Agent supplure required when remaining. DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12		
TITLE	STD DELET	TE 11 TIFLE		Change	[_] Addition		
NAME	SETZER, LEONARD R.	1.2 NAME	9975500007 9-98/89/89-	427:			
STREET ADDRESS	903 UNIVERSITY BLVD	13 STREET ADORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 C/TY+ST+Z/P	****150.00	****15	Ս.ՍՍ		
TITLE	☐ DELET	TE 21 TITLE		Change	Addition		
NAME:		2.2 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY-ST-ZIP		2 4 CITY-ST-ZIP					
TYTLE	☐ DELET	TE 31 TITLE		[] Change	[] Addition		
NAME		3.2 NAME					
STREET ADDRESS		3 3 STREET ADDRESS					
CITY-ST-ZIP		34 City-St-ZiP					
TITLE	☐ DELET	TE 4.1 TITLE		[Change	[] Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADORESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELE1		. ∽	[] Change	[] Addition		
NAME		5.2 NAME					
STREET ADDRESS		\$3 STREET ADDRESS		M			
CITY-ST-ZIP		54 CITY-ST-ZIP	20	199			
TITLE	[] DELET			Change	[_] Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-2IP					

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: Scarce D. Stron Pros.

CR2E034 (11/98