

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 430526 (4)

1. Corporation Name

DIRECT LINE DISTRIBUTORS, INC.



Principal Place of Business

Mailing Address

3304 SAWGRASS VILLAGE CR
PONTE VEDRA BCH FL 32082

3304 SAWGRASS VILLAGE CR
PONTE VEDRA BCH FL 32082

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1973

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1483045

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

SKINNER, HAL
50 N LAURA ST 3300
JACKSONVILLE FL 32201

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

Signature typed or printed name of registered agent and the officer or director

(If the Registered Agent Signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HORNE DONIS P
STREET ADDRESS 3304 SAWGRASS VILLAGE CIRCLE
CITY-STATE-ZIP PONTE VE

TITLE VD
NAME HORNE ELLIOTT S
STREET ADDRESS 3304 SAWGRASS VILLAGE CIR
CITY-STATE-ZIP PONTE VEDRA BC

TITLE S
NAME BROWNFIELD, THOMAS R
STREET ADDRESS 3304 SAWGRASS VILLAGE CIRCLE
CITY-STATE-ZIP PONTE VEDRA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME T
1.3 STREET ADDRESS Brownfield, Thomas R
1.4 CITY-STATE-ZIP 3304 Sawgrass Village Circle
Ponte Vedra Bch FL 32082

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
Date

9042853400
Daytime Phone #

CR2E034 (12/95)