

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 430526

(4)

1. Corporation Name

DIRECT LINE DISTRIBUTORS, INC.

Principal Place of Business

3304 SAWGRASS VILLAGE CR  
PONTE VEDRA BCH FL 32082

Mailing Address

3304 SAWGRASS VILLAGE CR  
PONTE VEDRA BCH FL 32082



3. Date Incorporated or Qualified

07/12/1973

3a. Date of Last Report

04/15/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

5000 Sawgrass Village Circle

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

5000 Sawgrass Village Circle

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORNE DONIS P	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	
CITY - ST - ZIP	PONTE VE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORNE ELLIOTT S	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIR	
CITY - ST - ZIP	PONTE VEDRA BC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWNFIELD, THOMAS R	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5000 Sawgrass Village Circle
1.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5000 Sawgrass Village Circle
2.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5000 Sawgrass Village Circle
3.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

(904) 3853400

Daytime Phone #

0613037

CR2E034 (9/96)