2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empo changed, or on an attachment with a

SIGNATURE:

Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # 474315** 04-28-2000 90081 045 ***150.00 KINCAID DISTRIBUTING, INC. Mailing Address Principal Place of Business 3214 E. US HWY. 92 E. U.S. HWY. 92 LAKELAND FL 33801-9601 AVCI AND FL 33801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1588741 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KINCAID, RAY A. Street Address (P.O. Box Number is Not Acceptable) 3214 E. U.S. HWY. 92 LAKELAND FL 33801 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99) Change ☐ Defete TITLE TITLE KINCAID, DAVID NAME NAME 830 E GEORGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE BARTOW, FL 00000 ☐ Addition Change ☐ Delete TITLE TITLE KINCAID, RAY A NAME NAME STREET ADDRESS 3214 E. US HWY. 92 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Addition ~ [Change TITLE ☐ Delete TITLE LABBATE, MARIE M NAME STREET ADDRESS 4865 OLENO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP din Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or director fer 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee emptylered to execute this poor.