

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

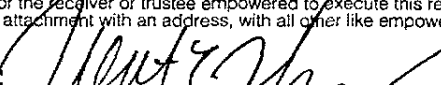
FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 653849 1. Entity Name FLORIDA-GEORGIA DISTRIBUTING COMPANY					
Principal Place of Business 502 CASSAT AVE JACKSONVILLE FL 32205				Mailing Address 502 CASSAT AVE JACKSONVILLE FL 32205	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1978172 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THIGPEN, TRENT 4547 WILDERNESS CT. JACKSONVILLE FL 32258			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SEARS, DAVID W.		NAME		
STREET ADDRESS	5552 HECKSCHER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP		
TITLE	PT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	THIGPEN, TRENT E.		NAME		
STREET ADDRESS	4547 WILDERNESS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32258		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		


 MOORE CR2E034 (11/03)

000000048522
 02/12/04-80084-006 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2110/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #