2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

DOCUMENT # 734611 1. Entity Name FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.							7 90136 011 ***	*61.25
Principal Place of Business Mailing Address 110-A SOUTH MONROE ST P O BOX 1054 TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32302			2			0045669		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 1			747					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-NP	CR2E037 (12/06)	
City & State		City & State Tallahassee FL		•	59-173	3 72 5		pplied For ot Applicable
Zip	Country	32302	Country Polk		5. Certificate	of Status Desired	S8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent		7	. Name and	Address of New F	Registered Agent	
SHEPP, DAVID A 2910 WINTER LAKE RD Name Street Address). Box Numbe	er is Not Acceptable	e)	
LAKELAND, FL 33803					, 00x 110		·	
			City				FL Zip Co	de
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office or	registered	agent, or bot	h. in the State of Fl	· —	and accept
the obligat	tions of registered agent.		•	-3		., ., ., ., ., ., ., ., ., ., ., ., ., .		i, and accept
SIGNATURE Signature, typod or printed name of registered agent and title of applicable. (NOTE: Registered Agent agents agreeine required when rensistating) DATE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agerit signati	ure required wh	en renstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	□ \$	5.00 May B	Flo	DATE Flake check payable rida Department of S	State
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing	□ \$	5.00 May B	Flo		State
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TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE D FRANCIS, ROY	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME	□ \$	5.00 May B	Flo	rida Department of S RS AND DIRECTORS II	itate N 10
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12. I nereoly certify that the information supplied with this titing does not quality for the exemptions contained in Chapter 119, 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 617, 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:

CARL COURS ON HINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/07 (863) 668-9451