2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734611

FILED Jan 04, 2010 Secretary of State

Date

Entity Name: FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

110-A SOUTH MONROE ST TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

P O BOX 10747 TALLAHASSEE, FL 32302

FEI Number: 59-1733725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEPP, DAVID A

1818 HARDEN BLVD. STE 140

LAKELAND, FL 33803 US

SHEPP, DAVID A

3020 SOUTH FLORIDA AVENUE
SUITE 205
LAKELAND. FL 33803 US

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:

01/04/2010

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D

Name: FRANCIS, ROY
Address: 3210 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 32804

Title: D

Name: JOHN, WATSON
Address: 2729 HANROB ROAD
City-St-Zip: ORLANDO, FL 32804

Title: ED

Name: SHEPP, DAVID A

Address: 3020 SOUTH FLORIDA AVENUE, SUITE 205

City-St-Zip: LAKELAND, FL 33803

Title: F

Name: TEEL, DAN

Address: 2001 W GOVERNMENT ST City-St-Zip: PENSACOLA, FL 32501

Title:

Name: COURSON, CARL Address: P.O. BOX 198

City-St-Zip: BELLE GLADE, FL 33430

Title: [

 Name:
 HAZARD, JOHN

 Address:
 PO BOX 522410

 City-St-Zip:
 LONGWOOD, FL 32752

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. SHEPP ED 01/04/2010