FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:07

DOCUMENT # M24441 (1)

THE LINER DISTRIBUTOR, INC.

Principal Place of Business

C/O JAMES B. MCCURDY
P. O. BOX 1389
HOMESTEAD FL 33090

Mailing Address

C/O JAMES B. MCCURDY
P. O. BOX 1389
HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/10/1985

3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2658905 — Applied For / Not Applicable

State Agent Name — 22

State Agent Name — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Electronic Filing Requested ☐ — $5.00 May Be Added to Fees

Fiscal Year Continuation ☐

At — 24 — County — 25

At — 29 — County — 30

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCURDY, JAMES B.
12600 S.W. 108 AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: JAMES S. McCURDY

82 Street Address (P.O. Box Number is Not Acceptable): 18875 SW 272 STREET

83

84 City: HOMESTEAD — FL — 85 ZIP Code: 33030

11. Pursuant to the provisions of Section 607.193, and/or 1005 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (and familiar with and accept the obligations of) Section 607.325 Florida Statutes.

SIGNATURE: James S. McCurdy, Pres. — James S. McCurdy, Pres. — 4/22/95

12. OFFICER AND DIRECTOR DATA		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
Title	DP	Title: DP ☒ Change ☐ Add/Del
Name	MCCURDY, JAMES S.	Name: JAMES S. McCURDY
Address	12600 S.W. 108 AVE.	Address: 18875 S.W. 272 STREET
City-St-Zip	MIAMI FL	City-St-Zip: HOMESTEAD, FL. 33030
Title	DS	Title: ☐ Change ☐ Add/Del
Name	MCCURDY, MARY LOU	Name:
Address	12600 SW 108TH AVE	Address:
City-St-Zip	MIAMI FL	City-St-Zip:
Title	VPD	Title: ☐ Change ☐ Add/Del
Name	MCCURDY, JAMES B.	Name:
Address	12600 S.W. 108 AVE.	Address:
City-St-Zip	MIAMI FL	City-St-Zip:
Title		Title: ☐ Change ☐ Add/Del
Name		Name:
Address		Address:
City-St-Zip		City-St-Zip:
Title		Title: ☐ Change ☐ Add/Del
Name		Name:
Address		Address:
City-St-Zip		City-St-Zip:
Title		Title: ☐ Change ☐ Add/Del
Name		Name:
Address		Address:
City-St-Zip		City-St-Zip:

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is absolutely true and correct as required by Section 607.193, 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am familiar with and accept the duties and responsibilities of Section 607.325 Florida Statutes with respect to registered agents.

SIGNATURE: James S. McCurdy, Pres. — James S. McCurdy, Pres. — 4/22/95 — (305) 247-5565

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

0426560 FP