FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M92831** **(0)**

1. Corporation Name

EASTERN WHOLESALE DISTRIBUTING, INC.

Principal Place of Business

P O BOX 6605
TALLAHASSEE FL 32314-3605

Mailing Address

P O BOX 6605
TALLAHASSEE FL 32314-3605

2. Principal Place of Business

21 Street Address

22 City & State

23 Zip 24 County 25

2a. Mailing Address

26 Street Address

27 City & State

28 Zip 29 County 30

3. Date Incorporated or Qualified: **08/05/1988**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2916049** Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has filed for intangible tax under s. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'STEEN, J. C.
1017-B THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] 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. Section [illegible] was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and hereby accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
PD	FRAZIER, H. F.	5365 W. W. KELLY RD.	TALLAHASSEE FL	☐ DELETE
SD	FRAZIER, MIKE	1435 YEARLING TRAIL	TALLAHASSEE FL	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and accurate and that I am properly authorized to execute this report as required by Section 607.193, Florida Statutes. Further, I certify that the original annual report or amendment to annual report, which I am presenting for filing, bears the signature of a person authorized to execute such report under Section 607.193 of the Florida Statutes, and that I am aware that false information submitted to a state agency may lead to administrative, civil or criminal actions.

SIGNATURE: Michael Frazier 4/11/96 (904)681-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)