

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

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 32314-6605



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

04/15/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name Michael Frazier

82 Street Address (P.O. Box Number is Not Acceptable)

1435 Yearling Trail

83

84 City Tallahassee

FL

85 Zip Code 32311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

m. frazier

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRAZIER, H. F.
STREET ADDRESS 5365 W. W. KELLY RD.
CITY-ST-ZIP TALLAHASSEE FL
☒ DELETE

TITLE SD
NAME FRAZIER, MIKE
STREET ADDRESS 1435 YEARLING TRAIL
CITY-ST-ZIP TALLAHASSEE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME FRAZIER, KATHY B.
1.3 STREET ADDRESS 1435 YEARLING TRAIL
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311
☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME FRAZIER, MIKE
2.3 STREET ADDRESS 1435 YEARLING TRAIL
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32311
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathy B. Frazier

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Date

681-0353
or 878-7144

Daytime Phone #

CR2E034 (9/96)