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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90173 032 ***150.00

DOCUMENT # P25708

1. Corporation Name

Principal Place of Business

ZTR DISTRIBUTORS COMPANY

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AIRPORT INDUSTRIAL PARK PO BOX 1569 COFFEYVILLE KS 67337-0945		4520 EXECUTIVE PARK DRIVE P O BOX 949 MONTGOMERY AL 36101-7949			DO NOT WRITE IN THIS SPACE
US.					3. Date Incorporated or Qualifed 08/17/1989
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			48-1025788 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees
Zip Country 24 25 25		Zip Country 9 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			81	Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)
Plai	NTATION FL 33324		83	<u> </u>	
			84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Additio
NAME	MOWDER, JOHN P.		1.2 NAME		
STREET ADDRESS	1408 CORTEZ		1.3 STREET	ADDRESS	
CITY-ST-ZIP	COFFEYVILLE KS	<u></u> -	1.4 CITY - S	T-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE		Change Additio
NAME	PANETTIERE, JOHN M		2.2 NAME		
STREET ADDRESS	2519 WILDWOOD DR		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		2. 4 CITY-S	T-ZIP	
TITLE	D .	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, WINTON M		3.2 NAME		
STREET ADDRESS	5801 VAUGHN ROAD		3.3 STREET	FADDRESS	3
CITY-ST-ZIP	MONTGOMERY AL		3.4. CITY-S	T-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAYMAN, HAROLD E		4. 2 NAME		
STREET ADDRESS	6465 WYNWOOD PLACE		4.3 \$TREE	FADORESS	
CITY-ST-ZIP	MONTGOMERY AL		4.4 CITY-S	T-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCINNES, D JOSEPH		5.2 NAME		
STREET ADDRESS	1421 CHARLESTON DRIVE		5.3 STREET		
CITY-ST-ZIP	MONTGOMERY AL		5.4 CITY-S	T-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE		Scholule Attached OF Change Addition
NAME	JACKIE EVERITT		6.2 NAME		scholule Attached of Change Addition All Officers and Airectors
STREET ADDRESS	AIRPORT INDUSTRIAL PARK		6.3 STREET	ADDRESS	
CITY-ST-ZiP	COFFEYVILLE KS 67337	•	6.4 CITY-S	T-ZIP	
		this filing door not qualify for th	c overneti	on state	ed 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 corperation of 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 out in stachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

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