

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

2-13-95 B-1144-C

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 13 PM 3:32

DOCUMENT # P93000038214 (1)

1. Corporation Name

DIVERSIFIED DISTRIBUTORS & SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
244 E PARK AVE P.O. BOX 2368
LAKE WALES FL 33853 LAKE WALES FL 33859-2368
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 07/08/1994
4. FEI Number 59-3231731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	22a. Mailing Address Post Office Box 960
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State Lake Wales, Florida
24. Zip	29. Zip 33859-0960
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BUTLER, MICHAEL R~~
~~244 E. PARK AVE.~~
~~LAKE WALES FL 33853~~

B1 Name Kyle D. Sherman, Esquire
B2 Street Address (P.O. Box Number is Not Acceptable) 244 East Park Avenue
B3
B4 City Lake Wales
B5 State FL
B6 Zip Code 33853

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 Kyle Sherman **Kyle D. Sherman** **01/27/95**
Signature, typed or printed name of registered agent and title if applicable. (This title is not required if the agent is a shareholder when installing) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME RUMFELT, THOMAS B
STREET ADDRESS 644 S. LAKESHORE	CITY-ST-ZIP LAKE WALES FL
TITLE ST	NAME RUMFELT, COLLETTE
STREET ADDRESS 644 S. LAKESHORE	CITY-ST-ZIP LAKE WALES FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Stephanie Reruch, Vice Pres.
2.2 NAME	244 East Park Avenue
2.3 STREET ADDRESS	Lake Wales, Florida 33853
2.4 CITY-ST-ZIP	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Tina Solomon, Treasurer
3.2 NAME	250 E. Park Avenue
3.3 STREET ADDRESS	Lake Wales, Florida 33853
3.4 CITY-ST-ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Kyle D. Sherman, Secretary
4.2 NAME	244 East Park Avenue
4.3 STREET ADDRESS	Lake Wales, Florida 33853
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Colette C. Rumfelt, Vice Pres.
5.2 NAME	644 South Lakeshore Blvd.
5.3 STREET ADDRESS	Lake Wales, Florida 33853
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this information is prepared in this annual report or supplemental annual report in truth and accuracy 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 or on an attachment with an address.

SIGNATURE: Thomas B. Rumfelt **THOMAS B. RUMFELT, President** **01/27/95** **(813)676-5144**
Signature, typed or printed name of signing officer or director. (Name) (Typed/Printed)

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