

**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 # P93000038214 (1)**

1. Corporation Name  
**DIVERSIFIED DISTRIBUTORS & SERVICES, INC.**



Principal Place of Business: **244 E PARK AVE LAKE WALES FL 33853**  
Mailing Address: **P O BOX 960 LAKE WALES FL 33859-0960 US**

3. Date Incorporated or Qualified <b>05/24/1993</b>	3a. Date of Last Report <b>02/13/1995</b>
4. FEI Number <b>59-3231731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21] Suite, Apt. #, etc.	26] Suite, Apt. #, etc.
22] City & State	27] City & State
23] Zip	28] Zip
24] Country	29] Country
25]	30]

9. Name and Address of Current Registered Agent <b>SHERMAN, KYLE D EOO 244 E PARK AVE LAKE WALES FL 33853</b>		10. Name and Address of New Registered Agent	
81] Name	<b>Michael Butler</b>		
82] Street Address (P.O. Box Number is Not Acceptable)	<b>244 E. Park Avenue</b>		
83]			
84] City	<b>Lake Wales,</b>	85] FL	Zip Code <b>33853</b>

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: Michael Butler DATE: 02/01/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUMFELT, THOMAS B</b>	1.2 NAME	
STREET ADDRESS	<b>644 S. LAKESHORE LAKE WALES FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RERUCH, STEPHANIE</b>	2.2 NAME	<b>Correct last name Rerucha, Stephanie</b>
STREET ADDRESS	<b>244 E PARK AVE LAKE WALES FL 33853</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RUMFELT, COLETTE C</del>	3.2 NAME	
STREET ADDRESS	<del>644 S LAKESHORE BLVD LAKE WALES FL 33853</del>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SOLOMAN, TINA</del>	4.2 NAME	<b>Executive Vice President Elliott, John S.</b>
STREET ADDRESS	<del>250 E PARK AVE LAKE WALES FL 33853</del>	4.3 STREET ADDRESS	<b>244 E. Park Avenue Lake Wales, FL 33853</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SHERMAN, KYLE D</del>	5.2 NAME	<b>Secretary/Treasurer Cavanaugh, Tammy</b>
STREET ADDRESS	<del>244 E PARK AVE LAKE WALES FL 33853</del>	5.3 STREET ADDRESS	<b>250 E. Park Avenue Lake Wales, FL 33853</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: Thomas B. Rumpfelt DATE: 02/01/96 (941) 676-2852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)