

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90023 050 *1,500.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017584
 1. Corporation Name
TECH DATA FRANCE, INC.

Principal Place of Business 5350 TECH DATA DR. CLEARWATER FL 34620	Mailing Address 5350 TECH DATA DR. CLEARWATER FL 34620
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33760 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33760 Country 30
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3. Date Incorporated or Qualified 03/07/1994	4. FEI Number 59-3233033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
VETTER, DAVID R
5350 TECH DATA DR.
CLEARWATER FL 34620

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAYMUND, STEVEN A	
STREET ADDRESS	5350 TECH DATA DR.	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANNEWITZ, CHARLES V	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HOWELLS, JEFFERY P	
STREET ADDRESS	5350 TECH DATA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAYMUND STEVEN A	
1.3 STREET ADDRESS	5350 TECH DATA DR	
1.4 CITY-ST-ZIP	CLEARWATER FL 33760	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANTHONY A IBARGUEN	
2.3 STREET ADDRESS	5350 TECH DATA DR	
2.4 CITY-ST-ZIP	CLEARWATER FL 33760	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: JEFFERY P. HOWELLS **SIGNATURE REQUIRED** 2-17-99 727-539-7429

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Jeffery P. Howells, Executive Vice President

CR2E034 (1/198)