

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

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95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Linda B. Northam
Secretary of State
DIVISION OF CORPORATIONS

5-1-95
B16319 NC

DOCUMENT # **S22304** (7)

1. Corporation Name:
K & B DISTRIBUTORS, INC.

Principal Office of Business: **2143 - 12TH STREET SARASOTA FL 34237**

Mailing Address: **2143 - 12TH STREET SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **12/20/1990**

3a. Date of Last Report: **04/25/1994**

4. FEI Number: **65-0279912**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.037 Florida Statutes: Yes No

2. Principal Office of Business: **21**

2a. Mailing Address: **26**

22. Suite Apt # etc: **27**

23. City & State: **28**

24. **25** **29** **30**

9. Name and Address of Current Registered Agent

**KRUEGER, WILLIAM F.
2143-12TH STREET
SARASOTA FL 34237**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4-12)	
TITLE: D	NAME: KRUEGER, WILLIAM F. STREET ADDRESS: 2143-12TH STREET SARASOTA FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: KRUEGER, BETTY STREET ADDRESS: 2041 SANDAULA DRIVE SARASOTA FL	12. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: KRUEGER, WILLIAM S STREET ADDRESS: 2041 SANDAULA DRIVE SARASOTA FL	13. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	14. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	15. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE:	NAME:	17. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	18. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	19. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation stated a false or misleading statement in this filing. I further certify that the information included in the 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 its registered agent and that I am authorized to make this report as required by Chapter 607, Florida Statutes, and that my report appears on Block 12 of the filing is a true and correct copy of the original report with no alterations.

SIGNATURE: *William F. Krueger* **William F. Krueger** 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

810 954-1500