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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **V54826**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90047 010 ***150.00

| FISHER DISTRIBUTING, INC. | | | | | | | | |
|---|--|----------------------------------|--|---|--|------------------------|----------------------------|----------------------------|
| | • | • | | | | IA (KAKA AKI) BUBU AKA | | |
| | • | | | | | | | <i>en</i> bien 1821 |
| Principal Place | e of Business | Mailing Address | | | \$ | | H WANTA NENET BE | #11. #1#11 (##1 |
| 802 TOPAZ DRIVE C/O THOMAS R TOWNSEND. JR | | | | - | | | | |
| ROCKLEDGE FL 32955 984 S FLORIDA AVE | | | | | See | | حر | |
| | | ROCKLEDGE FL 32955 | | ು ಭಾಗಾರ | | VRITE IN THIS S | PACE. | |
| | at the secondary section is a second | US | | | 3. Date Incorporated or Qualif 07/22/1992 | rea | | l |
| - 5: : | Control District | A Mailing Address | | | 4. FEI Number | | | lied For |
| - · | lace of Business | 2a. Mailing Address | | | 59-3138638 | | | Applicable |
| 21 Suite Ant | # ata | Suite, Apt. #, etc. | | | J9 3 1300 <u>30</u> | | \$8.75 A | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired | | Fee Reg | • |
| City & State City & State | | | | | 6. Election Campaign Financi | ng | \$5.00 N | Jav Be |
| 23 28 | | | | | Trust Fund Contribution | ''' ⁹ 🖸 | Added to | • |
| Zip Country Zip | | | Cou | ntry | 8. This corporation owes the | current year Inta | ngible | |
| 24 | 460 - 25 - 5 - 5 - 5 | 29 | 30 | | Personal Property Tax. | | ☐ Yes [| □No |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of Ne | w Registered A | gent | |
| | | | | 81 Name | | | | |
| | /NSEND, THOMAS R JR | | | 82 Street Addre | ess (P.O. Box Number is Not Acc | entable) | | |
| 1227 S FLORIDA AVE | | | | oz o | | | | |
| ROCKLEDGE FL 32955 | | | | 83 | | | | |
| | | | | 84 City | <u> </u> | | 85 Zip C | ode |
| | | | | ' ' | | FL | | 1 |
| 11. Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statut | es, the al | bove-named corpo | pration submits this statement for | the purpose of c | hanging its r | egistered istered |
| oπice or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | itions of, Section 607.0505, Flo | rida Statı | ites. | ins board of directors. Thereby de | Copt tile appoint | mont do rog | 1010.42 |
| SIGNATURE | | | | | | | | |
| 0.07.77.07.12 | Signature, typed or printed name of registered age | | | Agent signature required | | DATE | PIDEOTOI | |
| 12. | OFFICERS AND OFFIC | ID DIRECTORS DELETE | 13. | ne T | ADDITIONS/CHANGES TO | OFFICERS AND | Change | Addition 3 |
| TITLE | FISHER, JAMES A | □ verese | 1.1 TO | | | | ondingo | |
| NAME | 802 TOPAZ DRIVE | | | | | | | |
| STREET ADDRESS | ROCKLEDGE FL 32955 | | | REET ADORESS | | | | [] |
| CITY-ST-ZIP | NOCKLEDGE FE 32933 | ☐ DELETE | _ | TY-ST-ZIP | | | | |
| TITLE | | | 2 1 TF | NG 1 | | | ☐ Change | Addition 1 |
| NAME | ì | | 2.1 TF | i i | | | Change | Addition |
| STREET ADDRESS | | □ pereie | 2.2 NA | WE | | | Change | Addition |
| | | Detere | 2.2 N/ 2.3 ST | TREET ADDRESS | | | Change | Addition |
| CITY-ST-ZIP | r | | 2.2 NA 2.3 ST 2.4 G | TREET ADDRESS | | | ☐ Change | Addition |
| TITLE | | DELETE | 2.2 NA 2.3 ST 2.4 C 3.1 TD | TREET ADDRESS ITY-ST-ZIP ILE | | - A / 1617 | | |
| TITLE NAME | , | | 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ | TREET ADDRESS ITY-ST-ZIP ILE AME | | | | |
| TITLE NAME STREET ADDRESS | | | 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST | TREET ADDRESS ITY-ST-ZIP ILE MME IREET ADDRESS | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | , | ☐ DELETE | 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST | TREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS | | ☐ DELETE | 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT | TREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | } | ☐ DELETE | 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/ | TREET ADDRESS ITY-ST-ZIP TILE AME ITREET ADDRESS ITY-ST-ZIP TLE AME | | | Change | Addition |
| TITLE NAME STREET ADDRESS GITV-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 22 NA 23 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 NA 4.3 ST | TREET ADDRESS ITY-ST-ZIP ITIE MME IREET ADDRESS ITY-ST-ZIP ILE AME TREET ADDRESS | | | Change | Addition |
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| TITLE NAME STREET ADDRESS FILE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | | ☐ DELETE | 22 No 23 ST 2. 4 C 3.1 TT 32 No 3.3 ST 3.4 C 4.1 TT 4.2 No 4.3 ST 4.4 CT 5.1 TT 5.2 No | TREET ADDRESS ITY-ST-ZIP ILE MME IREET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE TY-ST-ZIP ILE | | | ☐ Change | Addition Addition |
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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 of the all other like empowered.