FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F05302** **(7)**

1. Corporation Name

JOHN HART, DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
C/O JOHN W. HART, JR. HEART RD & GULF TO LK BLVD (P.O. BOX 792) CRYSTAL RIVER FL 34423 US	C/O JOHN W. HART, JR. HEART RD & GULF TO LK BLVD (P.O. BOX 792) CRYSTAL RIVER FL 34423 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1980

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 — Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 — Country — 30

4. FEI Number: 59-2055264 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, JOHN W., JR.
HEART RD. & GULF TO LAKE BLVD.
CRYSTAL RIVER FL 34423

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	ASSISTANT SECRETARY	☒ Change ☐ Addition
NAME	JOHN W. HART	12 NAME	JOHN W. HART, JR.	
STREET ADDRESS	HEART RD.GULF LAKE BLVD	13 STREET ADDRESS	2000 N. HART PATH	
CITY-ST-ZIP	CRYSTAL RIVER FL	14 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	VP	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	HART, JOHN W., III	22 NAME		
STREET ADDRESS	HEART RD GULF LAKE BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	DELETE	☒ Change ☐ Addition
NAME	HART, PAULINE MARIE	32 NAME		
STREET ADDRESS	HEART RD GULF LAKE BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	34 CITY-ST-ZIP		
TITLE	PT	41 TITLE	PST	☒ Change ☐ Addition
NAME	HIBNER, GWENDOLYN TERRY	42 NAME	HIBNER, GWENDOLYN TERRY	
STREET ADDRESS	6359 W PERSHING DR.	43 STREET ADDRESS	5916 W. BIKRE PATH	
CITY-ST-ZIP	HOMOSASSA FL	44 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Gwendolyn Terry Hibner Gwendolyn Terry Hibner 4-27-95 904-795-2530
SIGNATURE AND TYPED OR PRINTED NAME OF MAJOR OFFICER OR DIRECTOR — Date — Daytime Phone #

0486077 FP