DOCOMENT	# / 34011			Api 01, 2013	
Entity Name: FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.			RS, INC.	Secretary of State 3136990914CC	3
	ncipal Place of Business: BRENTWOOD ROAD EL 33825			313099091400	
Current Mai	ling Address:				
PO BOX 105 TALLAHASS	54 SEE, FL 32302 US				
FEI Number: 59-1733725 Certificat		Certificate o	f Status Desired: No		
Name and A	Address of Current Registered Agent:				
GOSNELL, BET 1844 N. LAKE E TALLAHASSEE	, FL 33825 US				
1844 N. LÁKE E TALLAHASSEE		stered office or regis	tered agent, or both	, in the State of Florida.	
1844 N. LÁKE E TALLAHASSEE The above named	, FL 33825 US	istered office or regis	tered agent, or both	, in the State of Florida. 04/01/20	19
1844 N. LÁKE E TALLAHASSEE The above named	F, FL 33825 US	istered office or regis	tered agent, or both		19
1844 N. LÁKE E TALLAHASSEE The above named	 FL 33825 US d entity submits this statement for the purpose of changing its regises BETH GOSNELL Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both	04/01/20	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE	 FL 33825 US d entity submits this statement for the purpose of changing its regises BETH GOSNELL Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both	04/01/20	<u>19</u>
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dire	 FL 33825 US d entity submits this statement for the purpose of changing its regises <u>BETH GOSNELL</u> Electronic Signature of Registered Agent Ctor Detail : 			04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dired Title	 FL 33825 US d entity submits this statement for the purpose of changing its registered BETH GOSNELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT 	Title	CEO GOSNELL, BET	04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dired Title Name	 FL 33825 US d entity submits this statement for the purpose of changing its regisered BETH GOSNELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TIDMORE, JIM 	Title Name Address	CEO GOSNELL, BET	04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dired Title Name Address	 FL 33825 US d entity submits this statement for the purpose of changing its registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TIDMORE, JIM 1818 POINCIANA BLVD. 	Title Name Address	CEO GOSNELL, BET 1844 N. LAKE E	04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	 FL 33825 US d entity submits this statement for the purpose of changing its registered agent EETH GOSNELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TIDMORE, JIM 1818 POINCIANA BLVD. KISSIMMEE FL 34758 	Title Name Address	CEO GOSNELL, BET 1844 N. LAKE E	04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	 FL 33825 US d entity submits this statement for the purpose of changing its registered agent EETH GOSNELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TIDMORE, JIM 1818 POINCIANA BLVD. KISSIMMEE FL 34758 	Title Name Address	CEO GOSNELL, BET 1844 N. LAKE E	04/01/20 Date	19
1844 N. LAKE E TALLAHASSEE The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title Name	 FL 33825 US d entity submits this statement for the purpose of changing its registered agent EBETH GOSNELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT TIDMORE, JIM 1818 POINCIANA BLVD. KISSIMMEE FL 34758 D COURSON, CARL P.O. BOX 198 	Title Name Address	CEO GOSNELL, BET 1844 N. LAKE E	04/01/20 Date	19

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

SIGNATURE: BETH GOSNELL

Electronic Signature of Signing Officer/Director Detail

04/01/2019

FILED Apr 01, 2019