# above, or on an attachment with all other like empowered. CHAIRMAN OF THE

Electronic Signature of Signing Officer/Director Detail

# FT LAUD. FL 33312 **Current Mailing Address:**

**185 ANGLERS AVENUE** FT LAUD, FL 33312 US

# FEI Number: 59-2359783

### Name and Address of Current Registered Agent:

STEPHENS, EDWARD T **185 ANGLERS AVENUE** FT LAUDERDALE, FL 33312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	PD	Title	STD
Name	STEPHENS, EDWARD T.	Name	STEPHENS, MARY H.
Address	185 ANGLERS AVENUE	Address	185 ANGLERS AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312

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 607, Florida Statutes; and that my name appears

BOARD

SIGNATURE: EDWARD STEPHENS

FILED Feb 13, 2013 Secretary of State CC1743883809

Certificate of Status Desired: No

02/13/2013

Date

Date

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83172

**185 ANGLERS AVENUE** 

Entity Name: STEPHENS DISTRIBUTING COMPANY

# **Current Principal Place of Business:**