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

SIGNATURE: EDWARD STEPHENS

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-2359783 Name and Address of Current Registered Agent:

Current Principal Place of Business:

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

Current Mailing Address: 185 ANGLERS AVENUE FT LAUD, FL 33312 US

DOCUMENT# G83172

185 ANGLERS AVENUE FT LAUD. FL 33312

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

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Entity Name: STEPHENS DISTRIBUTING COMPANY

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

above, or on an attachment with all other like empowered. 01/09/2018 PRESIDENT

Certificate of Status Desired: No

Date

Date