

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G83172

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC6863769754**

**Entity Name:** STEPHENS DISTRIBUTING COMPANY

**Current Principal Place of Business:**

185 ANGLERS AVENUE  
FT LAUD, FL 33312

**Current Mailing Address:**

185 ANGLERS AVENUE  
FT LAUD, FL 33312 US

**FEI Number:** 59-2359783

**Certificate of Status Desired:** No

**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

Date

**Officer/Director Detail :**

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

Title STD  
Name STEPHENS, MARY H.  
Address 185 ANGLERS AVENUE  
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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD TODD STEPHENS

**PRESIDENT**

**02/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date