

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001916

Entity Name: PRIMORIS DISTRIBUTION SERVICES, INC.**Current Principal Place of Business:**10518 US-301
DADE CITY, FL 33526**Current Mailing Address:**10518 US-301
DADE CITY, FL 33526 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	KING, DAVID L
Address	2100 MCKINNEY AVENUE, SUITE 1500
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	DODGEN, KEN
Address	2100 MCKINNEY AVENUE, SUITE 1500
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	PERISICH, JOHN M
Address	26000 COMMERCE DRIVE
City-State-Zip:	LAKE FOREST CA 92630

Title	CFO
Name	FEHRENBACH, DAVID
Address	26000 COMMERCE DRIVE
City-State-Zip:	LAKE FOREST CA 92630

Title	VP
Name	ZIMMERMAN, TREVOR
Address	3065 SPRUCE STREET #103
City-State-Zip:	LITTLE CANADA MN 55117

Title	VP
Name	RUNYAN, DAVID
Address	10518 US-301
City-State-Zip:	DADE CITY FL 33526

Title	PRESIDENT
Name	BARTHOLOMEW, JAMES
Address	10518 US-301
City-State-Zip:	DADE CITY FL 33526

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: JOHN M. PERISICH**DIRECTOR****01/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date