

**2019 FOREIGN PROFIT CORPORATION AMENDED 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        2300 N. FIELD STREET  
                  SUITE 1900  
City-State-Zip: DALLAS TX 75201

Title           DIRECTOR  
Name           DODGEN, KEN  
Address        2300 N. FIELD STREET  
                  SUITE 1900  
City-State-Zip: DALLAS TX 75201

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

Title           CFO  
Name           FEHRENBACH, DAVID  
Address        26000 COMMERCENTRE 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           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**

**02/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date