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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 105204 (2)

1. Corporation Name
ECONOMY WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

**3080 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

**3080 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/21/1925** 3a. Date of Last Report: **04/13/1994**

4. FEI Number: **59-0230020** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**PETERSON, RONALD D
5050 EDGEWOOD CT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name: **E. Ellis Zahra, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **E. Ellis Zahra, Jr. 04/17/95**

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BRAGIN, D H
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	RIPLEY, W. E., JR.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	MCCOOK, R. P
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	32254
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	32254
3 1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	S. W. Dixon
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	32254
4 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	32254
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **D. H. Bragin 04/13/95 904/783-5000**