

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 105204 (2)

1. Corporation Name
ECONOMY WHOLESALE DISTRIBUTORS, INC.



Principal Place of Business: 5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US
Mailing Address: 5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US

3. Date Incorporated or Qualified: 11/21/1925
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-0230020
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 (21-24)
2a. Mailing Address (25-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country
24. Zip, Country

9. Name and Address of Current Registered Agent
**E ELLIS ZAHRA, JR
5050 EDGEWOOD CT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BRAGIN, D H | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KUFELDT, JAMES | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DIXON, J W | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MCCOOK, R. P | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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: *J.W. Dixon* J.W. Dixon 4-16-96 9047835117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)