

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90634 024 ***150.00

DOCUMENT # 105204



1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0230020**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, K D. 5050 EDGEWOOD COURT JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWLAND, A R 5050 EDGEWOOD COURT JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIXON, J W 5050 EDGEWOOD COURT JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOOK, R. P 5050 EDGEWOOD COURT JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Asst. Secretary Byrum, D.M. 5050 Edgewood Court Jacksonville, FL 32254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/14/03

(904) 783-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

ECONOMY WHOLESALE DISTRIBUTORS, INC.
 59-0230020
 AS OF MARCH 4, 2003

105204

Attachment #
80086376
 105204

OFFICER	SS#	TITLE	ADDRESS
ROWLAND, A. R.	522-54-6341	DIRECTOR & PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
LAZARAN, FRANK	560-78-3129	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
LAFEVER, D. G.	267-88-7177	DIRECTOR & VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
HENRY, D. F.	025-36-6813	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
JUDD, R. C.	512-56-5430	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
MCCOOK, R. P.	266-08-9566	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
RAINWATER, E. L.	495-80-3312	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
SALEM, K. E.	185-58-8440	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
SHEEHAN, D. M.	528-86-0962	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
SHEEHAN, J. R.	462-23-0964	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
ROSS, K. D.	262-81-8455	DIRECTOR, VICE PRESIDENT & TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
APPEL, L. B.	258-72-5510	VICE PRESIDENT & ASST. SEC.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
BYRUM, D. M.	410-76-3241	DIRECTOR, VICE PRESIDENT & ASST. SECY.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
DIXON, J. W.	264-62-6590	SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
BROGAN, J. R.	264-39-2969	ASST. SECRETARY & ASST. TREAS.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
ROY, J. J.	589-07-3867	ASST. SECRETARY & ASST. TREAS.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
SANSON, R. W.	507-78-6260	ASST. SECRETARY & ASST. TREAS.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
WADFORD, H. S.	247-78-5718	ASST. SECRETARY & ASST. TREAS.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
YOUNG, D. M.	436-17-5558	ASST. SECRETARY & ASST. TREAS.	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254