2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 164243** FLORIDA DISTRIBUTORS OF JAX., INC. 01-25-2001 90014 022 ***150.00 Principal Place of Business Mailing Address 4314 ST AUGUSTINE ROAD 4314 ST AUGUSTINE ROAD PO BOX 5026 PO BOX 5026 JACKSONVILLE FL 32247 JACKSONVILLE FL 32247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 7341 Applied For City & State 4. FEI Number City & State 59-0626208 ACKSONVILL Not Applicable)AUcSau Country \$8.75 Additional Zip 5. Certificate of Status Desired П 32254 Fee Required 32256 DUVAL 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEANGELIS, ARCHIE A Street Address (P.Q. Box Number is Not Acceptable) 4314 ST AUGUSTINE ROAD 1) ISTRIBUTION AVE JACKSONVILLE FL 32207 Zip Code ACKSON VILLE 32256 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD SRZE034 (10/00) ☐ Addition ☐ Delete TITLE TITLE DEANGELLS, ARCHIE A. DEANGELIS, ARCHIE A NAME 11341 DISTRIBUTION AVE E. 41 STREET ADDRESS STREET ADDRESS 1464 AVONDALE AVE. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE TITLE EDERIGAD, EDNA D. CORRIGAN, EDNA, D NAME NAME 11341 DISTRIBUTION AVE.E #1 STREET ADDRESS STREET ADDRESS 1464 AVONDALE AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL JACKSONVILLE, FL 32256 Change ☐ Addition DST ☐ Delete TITLE TITLE DEANGELIS, EUZABETH-P. NAME -NAME DEANGELIS, ELIZABETH P 11341 DISTRIBUTION AVE. E. 41 STREET ADDRESS STREET ADDRESS 4314 ST AUGUSTINE RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL JACKSONVILLE, FL 32256 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

FILED

1-15-01 904-292-2279