2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 164243

1. Entity Name
FLORIDA DISTRIBUTORS OF JAX., INC.

Principal Place of Business	Mailing Address
11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256	11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256

01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0626208
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEANGELIS,ARCHIE A
11341 DISTRIBUTION AVE E # 1
JACKSONVILLE, FL 32256

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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 _____ DATE
(If changing registered office/registered agent, signature of new registered agent required; NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEANGELIS,ARCHIE A
STREET ADDRESS	11341 DISTRIBUTION AVE E # 1
CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	DVP
NAME	CORRIGAN, EDNA, D
STREET ADDRESS	11341 DISTRIBUTION AVE E #1
CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	DST
NAME	DEANGELIS,ELIZABETH P
STREET ADDRESS	11341 DISTRIBUTION AVE E #1
CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/28/05-80023-009 150.00

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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: Edna D. Corrigan Edna D. Corrigan 1-26-05 904-292-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number