FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **193253** **(2)**

1. Corporation Name

ACOSTA SALES CO., INC.

Principal Place of Business	Mailing Address
6850 BELFORT OAKS PL **PO BOX 19309** **JACKSONVILLE FL 32216** **US**	**6850 BELFORT OAKS PLACE** **PO BOX 19309 ZIP 32245-9309** **JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1956**

3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

County — 25:

Zip — 29:

County — 30:

4. FEI Number: **59-0779947** ☐ 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

9. Name and Address of Current Registered Agent

DALLAS,DELMER W.
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (A31) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	DALLAS,DELMER	12 NAME	
STREET ADDRESS	8090 HUNTERS GROVE RD	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	SIMS, HARVEY C. III	22 NAME	
STREET ADDRESS	2851 SCOTT CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KEOHANE, MICHAEL J.	32 NAME	
STREET ADDRESS	7705 LAS PALMAS WAY	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	VC	41 TITLE	☐ Change ☐ Addition
NAME	JONES,TURNER L. III	42 NAME	
STREET ADDRESS	4302 ASHBY LANE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	CHARTRAND, GARY	52 NAME	
STREET ADDRESS	4575 OAK BAY DR., E.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	DONOVAN, RHONDA	62 NAME	
STREET ADDRESS	9446 BEAUCLERK OAKS	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 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)(i), 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: Henry C. Sims III — 3/30/95 — (904) 281-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018444 CP