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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 193253 (2)  
1. Corporation Name  
ACOSTA SALES CO., INC.



Principal Place of Business: 6850 BELFORT OAKS PL, PO BOX 18309, JACKSONVILLE FL 32216 US  
Mailing Address: 6850 BELFORT OAKS PLACE, PO BOX 18309 ZIP 32245-8309, JACKSONVILLE FL 32216-8241

3. Date Incorporated or Qualified: 05/19/1956  
3a. Date of Last Report: 03/05/1996  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
21. Suite Apt. # etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Suite Apt. # etc.  
26. City & State  
27. Zip Country  
28. Zip Country  
29. Name and Address of Current Registered Agent  
30. Name and Address of New Registered Agent

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: Michael K Diaz  
82. Street Address (P.O. Box Number is Not Accepted): 6850 Belfort Oaks Place  
83.  
84. City: Jacksonville FL 85. Zip Code: 32216

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 is 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: *Michael K Diaz* DATE: 4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAS, DELMER	1.2 NAME	
STREET ADDRESS	8080 HUNTERS GROVE RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	TSCF <input type="checkbox"/> DELETE	2.1 TITLE	TSCF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MICHAEL K.	2.2 NAME	DIAZ, Michael K.
STREET ADDRESS	1644 SEA OATS DRIVE	2.3 STREET ADDRESS	1170 Seminole Road
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	Atlantic Beach, FL 32033
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, JOHN	3.2 NAME	
STREET ADDRESS	1101 MILTON HALL PLAZA	3.3 STREET ADDRESS	1101 MILTON HALL PLACE
CITY- ST- ZIP	CHARLOTTE NC	3.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTRAND, GARY	4.2 NAME	
STREET ADDRESS	4575 OAK BAY DR., E.	4.3 STREET ADDRESS	405 Osprey Lookout Court
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	Fontc Vedra Beach, FL 32082
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, RHONDA	5.2 NAME	
STREET ADDRESS	9446 BEAUCLERC OAKS	5.3 STREET ADDRESS	9446 Beauclerc Oaks Driv
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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: *Michael K Diaz* DATE: 3/31/97 (904) 28-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)