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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
98 JUL 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

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 32216-6241

3. Date Incorporated or Qualified: 05/19/1956
3a. Date of Last Report: 04/25/97
4. FEI Number: 59-0779947
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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Acceptable): 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 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DALLAS,DELMER 8090 HUNTERS GROVE RD JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSCF DIAZ, MICHAEL K. 1644 SEA OATS DRIVE JACKSONVILLE FL	☐ DELETE	2.1 TITLE: TSCF 2.2 NAME: DIAZ, Michael K. 2.3 STREET ADDRESS: 1170 Seminole Road 2.4 CITY-ST-ZIP: Atlantic Beach, FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP WATKINS, JOHN 1101 MILTON HALL PLAXE CHARLOTTE NC	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHARTRAND, GARY 4575 OAK BAY DR., E. JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DONOVAN, RHONDA 9446 BEAUCLERK OAKS JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

_____ 7/29/98