CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:12

DOCUMENT # 197451 (8)

1. Corporation Name

MCDONALD DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3600 NW 54 STREET P.O. BOX 24215 FT LAUDERDALE FL 33307	3600 NW 54 STREET P.O. BOX 24215 FT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1956
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0785629 ☐ 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 ___ 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

LONG,R W
3821 NW 71 STREET
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name: DONALD B. LONG
82 Street Address (P.O. Box Number is Not Acceptable): 3990 NW 74 STREET
83
84 City: POMPANO BEACH FL 85 Zip Code: 33073

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 [signature] DONALD B LONG, CEO 5/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	C/V/D ☑ Change ☐ Addition
NAME	LONG, RICHARD W	1 2 NAME	
STREET ADDRESS	3821 NW 71 STREET	1 3 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL	1 4 CITY ST ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	POCKEY, JAMES J	2 2 NAME	
STREET ADDRESS	2950 PALM AIRE DRIVE N	2 3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH, FL 0	2 4 CITY ST ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	HOWE, KEITH B	3 2 NAME	
STREET ADDRESS	740 SW 99 TERR	3 3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	SAPP, CARL T	4 2 NAME	
STREET ADDRESS	21802 CONTADO BOCA DELMA	4 3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 00000	4 4 CITY ST ZIP	
TITLE	PSD	5 1 TITLE	☐ Change ☐ Addition
NAME	POCKEY, BRUCE J.	5 2 NAME	
STREET ADDRESS	7120 HIALEAH LANE	5 3 STREET ADDRESS	
CITY ST ZIP	PARKLAND FL	5 4 CITY ST ZIP	
TITLE	CEO	6 1 TITLE	☐ Change ☐ Addition
NAME	LONG, DONALD B	6 2 NAME	
STREET ADDRESS	3990 NW 74TH ST.	6 3 STREET ADDRESS	
CITY ST ZIP	POMPANO BCH, FL 00000	6 4 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)(k), 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: [signature] Richard W Long 5/25/95 4079740861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0432020 FF