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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 197451 (8)

1. Corporation Name
MCDONALD DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business

3600 NW 54 STREET
P.O. BOX 24215
FT LAUDERDALE FL 33307

Mailing Address

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

LONG, DONALD B
3990 NW 74TH ST
POMPANO BEACH FL 33073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CVD
NAME LONG, RICHARD W
STREET ADDRESS 3821 NW 71 STREET
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE VD
NAME POCKEY, JAMES J
STREET ADDRESS 2950 PALM AIRE DRIVE N
CITY-ST-ZIP POMPANO BEACH, FL 0 ☐ DELETE

TITLE V
NAME HOWE, KEITH B
STREET ADDRESS 740 SW 99 TERR
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE D
NAME SAPP, CARL T
STREET ADDRESS 21802 CONTADO BOCA DELMA
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ DELETE

TITLE CSD
NAME POCKEY, BRUCE J.
STREET ADDRESS 7120 HIALEAH LANE
CITY-ST-ZIP PARKLAND FL ☐ DELETE

TITLE P
NAME LONG, DONALD B
STREET ADDRESS 3990 NW 74TH ST.
CITY-ST-ZIP POMPANO BCH, FL 00000 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: Donald B. Long, DONALD B. LONG 1/12/98 5619940861

CF2E034 (10/97)