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PROFIT  
CORPORATION  
ANNUAL REPORT



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

1998

DOCUMENT # 213660

(4)

1. Corporation Name

BUNZL SOUTH FLORIDA, INC.

Principal Place of Business

220 N.E. 187 STREET  
NORTH MIAMI BEACH FL 33179-4516

Mailing Address

220 N.E. 187 STREET  
NORTH MIAMI BEACH FL 33179-4516  
825 Maxham Rd, Ste 400  
Lithia Springs, GA 30122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1958

4. FEI Number

59-0843917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 825 Maxham Rd

Suite, Apt. #, etc.

27 STE 400

City & State

28 Lithia Springs, GA

Zip

29 30122

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 V  
NAME EMGE, THOMAS J.  
STREET ADDRESS 6063 BOAT ROCK BLVD SW  
CITY-ST-ZIP ATLANTA GA

TITLE CPD  
NAME SNELLINGS, RICK  
STREET ADDRESS 701 EMERSON STE 410  
CITY-ST-ZIP ST LOUIS MO

TITLE AS  
NAME STOWERS, WILLIAM K.  
STREET ADDRESS 6063 BOAT ROCK BLVD SW  
CITY-ST-ZIP ATLANTA GA

TITLE STD  
NAME HICKS, GREG  
STREET ADDRESS 7034 BROOKVILLE RD SW  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE V  
NAME WILLIAMSON, MARK  
STREET ADDRESS 220 N.E. 187TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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:

Signature and typed or printed name of signing officer or director

2/16/98

404-346-7700

Date Daytime Phone # 0248904