

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **233838** (2)
1. Corporation Name
W.H. REYNOLDS DISTRIBUTOR, INC.

Principal Place of Business 4824 N. RENELLIE DR. P.O. BOX 152627 (336842627) TAMPA FL 33614	Mailing Address 4824 N. RENELLIE DR. P.O. BOX 152627 (336842627) TAMPA FL 33614-6416
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1980	3a. Date of Last Report 04/25/1996
21		26		4. FEI Number 59-0895786	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**HOWZE, STEPHEN R.
4824 N. RENELLIE DR.
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, EUGENE O JR	1.2 NAME	
STREET ADDRESS	1316 OXMOOR COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, STEPHEN H	2.2 NAME	
STREET ADDRESS	5810 GORDON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWZE, STEPHEN R.	3.2 NAME	
STREET ADDRESS	16007 ARMISTEAD LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eugene O Lee Jr
Eugene O Lee Jr 3/25/97 (813) 873-2402
President

0361900

CR2E034 (9/96)