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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90035 027 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 262734 1. Corporation Name

SIGNATURE:

GULF CENTRAL DISTRIBUTION CENTER ,INC.

Principal Place of Business		Mailing Address								
805 S WESTSHORE BLVD		5605 S WESTSHORE BLVD								
AMPA FL 33616		TAMPA FL 33616				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate	ed or Qualifed			
						09/14/1962	•		_	
		a Mallia Addross				4. FEI Number			Appli	ed For
Principal Place of Business	2a. Mailing Address	ing Address			59-0997876 Not Applicable					
26 Suite Apt #		Suite, Apt. #, etc.			<u>. </u>				\$8.75 Ad	
Suite, Apt. #, etc.	-	—				5. Certifcate of Sta	itus Desired		Fee Requ	ired
<u> </u>		City & State				6. Election Campaign Financing \$5.00 May Be				
City & State		⊢ ¬ '				Trust Fund Contribution Added to Fees				
Country		Zip Country				8. This corporation		ent year Inta	angible	_
Zip	Country [30	,		Personal Proper	rty Tax.		L Yes L]No
25		29 Agent	130	$\overline{}$		10. Name and Add	iress of New P	Registered	Agent	
9. Name and	Address of Current R	agistered Agent		81 Nam	ie					
CAN MADTINE IIM	AV I			\sqcup		(2 O D Number	in Not Ancents	able)		
SAN MARTIN, JIMM				82 Stre	et Addre	ess (P.O. Box Number	IS NOT Accepte			14-24-42
5605 S WESTSHO	RE DLVU			83		1.47.77	2 1 9, 1	119 44	1 1 2 4 3	
TAMPA FL 33615							<u> 489 ng 111</u>		11, tuly 11, ea	<u> </u>
				84 City		•	9	FI	85 Zip Co	ode
						harita this of	otoment for the	numose of	changing its r	egistered
11. Pursuant to the provisions	of Sections 607.0502 a	nd 607.1508, Florida Statu	tes, the a	above-nam	ea corpo	oration submits this standard of directors.	. I hereby accer	pt the appoi	ntment as regi	stered
office or registered agent,	or both, in the State of I	and 607.1508, Florida Statu Florida. Such change was a ns of, Section 607.0505, Flo	orida Stat	tutes.	проличе	,				
agent. I am lamiliar with,	and accept the estigation									
GNATURE Signature, typed or printed name of registered agent and title if applicable. (NO						d when reinstating)		DATE		2S IN 12
SIGNATURE Stansture, typed or 0	inted name of registered agent ar	nd title if applicable. (NO)	E: Registere	d Agent signat	ure required	i whom remaining)	THE TO OF	FICEDS AN		
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