


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90074 009 ***150.00

DOCUMENT # 262734 1. Entity Name GULF CENTRAL DISTRIBUTION CENTER ,INC.	
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Principal Place of Business 4535 S. DALE MABRY TAMPA, FL 33611	Mailing Address 4535 S. DALE MABRY TAMPA, FL 33611
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03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0997876	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAN MARTIN, JIMMY J 4535 S. DALE MABRY TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAN MARTIN, JIMMY (SRVP) 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAN MARTIN, LILY 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERLIZZI, GINA 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOSTO, MICHELLE 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYLE, JOYCE A 4535 S DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____