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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name 303607

(6)

CTL DISTRIBUTION, INC.

## **FILED** Mar 11 1998 8:00am Secretary of State

Pr	incipal Place of Business	Mailing Address	Mailing Address 502 E. BRIDGERS AVE. AUBURNDALE FL 33823			DO NOT WRITE IN THIS SPACE				
	02 E. BRIDGERS AVE. AUBURNDALE FL 33823									
	_					Date Incorporated or Qualified     03/30/1966				
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For			
21		26				59-1147383	Not Applicable			
22	Suite, Apt #, etc.	Suite, Apt. #, etc.	<del></del>			I & Cartificate of Status Desired I I	\$8.75 Additional Fee Required			
23	City & State	<u>├</u> ~~				6. Election Campaign Financing Trust Fund Contribution				
24	Zip Country	7ip 29	30	untry		8. This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes				
9, Name and Address of Current Registered Agent  JACOBS, MILTON E  502 E. BRIDGERS AVE AUBURNDALE FL 33823					10. Name and Address of New Registered Agent					
					Name					
					Street Addr	ress (P.O. Box Number is Not Acceptable)				

office or agent. )	registered agont, or both, in the State of Flor am familiar with, and accept the obligations of	ida Such change was at of, Section 607.0505, Flo	uthorized by the cor rida Statutes.	poration's board of directors. I hereby acc	ept the appointment as	registered					
SIGNATURE											
Signature, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent agenture required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	OFFICERS AND DIRECTORS IN 12						
TITLE ,	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition					
NAME	BOSTICK, GUY		1.2 NAME	}							
STREET ADDRESS	502 E. BRIDGERS AVE.		1.3 STREET ADDRESS								
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY - ST - ZIP								
TITLE	( vī	DELETE	2.1 TITLE		Change	Addition					
NAME	JACOBS, MILTON		2.2 NAME								
STREET ADDRESS	502 E. BRIDGERS AVE.		2.3 STREET ADDRESS	}							
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP								
TITLE	EVD	☐ DELETE	31 TITLE		Change	Addition					
NAME	BOSTICK, MARK		3.2 NAME								
STREET ADDRESS	502 E. BRIDGERS AVE.		3.3 STREET ADDRESS	Ì							
CITY-ST-ZIP	AUBURNDALE FL		3.4. CITY-ST-ZIP	<u> </u>							
TITLE	P	☐ DEFELE	4.1 TITLE	P	Change	Addition					
NAME	KONICEK, KAREL		4. 2 NAME	THOMAS B HINDLE,							
STREET ADDRESS	502 E. BRIDGERS AVE.		4.3 STREET ADDRESS	THOMAS B. HINDLE 502 & Bridgers Ave							
CITY-ST-ZIP	AUBURNDALE FL		4 4 CITY-ST-ZIP	AUDURNDALE, FL 33823							
TITLE	S	DELETE	51 TITLE	}	Change	☐ Addition					
NAME	READY, BILLY R		5.2 NAME		•						
STREET ADDRESS	502 E. BRIDGERS AVE.		5.3 STREET ADDRESS								
CITY-ST-ZIP	AUBURNDALE FL		5.4 CITY-ST-ZIP								
TITLE		□ DELETE	6.1 TITLE		☐ Change	Addition Addition					
NAME	(		6.2 NAME								
STREET ADORESS	]		6 3 STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		16 U - Cr Al-Lay						

I hereby certify that the information su Indicated on this annual report or sup-officer or director of the corporation or Block 12 or Block 13 if changed, or

SIGNATURE