FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:37

DOCUMENT # **339218** **(0)**

1. Corporation Name
C & M CORE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1227 W. JEFFERSON ST. P.O. BOX 555615 ORLANDO FL 32855-2615	1227 W. JEFFERSON ST. P.O. BOX 555615 ORLANDO FL 32855-2615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1968
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1255 LaQuinta Dr.
Suite, Apt. #, etc.: 22 Suite 230
City & State: 23 Orlando, FL
Zip: 24 32859 Country: 25 Orange

2a. Mailing Address
26 P.O. Box 593607
Suite, Apt. #, etc.: 27
City & State: 28 Orlando, FL
Zip: 29 32859-3607 Country: 30 Orange

4. FEI Number: 59-1229011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLER, CHARLES W.
744 HIGHLAND AVE.
ORLANDO FL 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	WADE, JAMES H., JR.	1.2 NAME	
STREET ADDRESS	7 WEST MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, CHARLES W.	2.2 NAME	
STREET ADDRESS	744 HIGHLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☒ Change ☐ Addition
NAME	MC ALLISTER, BRUCE D.	3.2 NAME	
STREET ADDRESS	840 VIA LOMBARDY	3.3 STREET ADDRESS	1255 LaQuinta Drive, Suite 230
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Orlando, FL 32859-3607
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	LEIBY, JOHN H.	4.2 NAME	
STREET ADDRESS	1578 S. CROSSBEAM DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: _____ Bruce D. McAllister (407) 855-8164
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0418783 FP