FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

C & M CORE DISTRIBUTORS, INC.

Principal Place of Business

1255 LAQUINTA DR.
SUITE 230
ORLANDO FL 32859
US

Mailing Address

P. O. BOX 593607
P.O. BOX 555615
ORLANDO FL 32859-3607
US

3. Date Incorporated or Qualified: 12/20/1968

3a. Date of Last Report: 04/07/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	WADE, JAMES H., JR.	
STREET ADDRESS	7 WEST MAIN ST.	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	☐ DELETE
NAME	KELLER, CHARLES W.	
STREET ADDRESS	744 HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	MC ALLISTER, BRUCE D.	
STREET ADDRESS	1255 LAQUINTA DRIVE, SUITE 230	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	LEIBY, JOHN H.	
STREET ADDRESS	1578 S. CROSSBEAM DR.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 is an attachment with an address.

SIGNATURE X — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Bruce D. McAllister — Date — (407) 855-8164 Day Time Phone #

CR2E034 (12/95)