

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 339228 1. Entity Name JACK BECKER DISTRIBUTORS, INC.	
--	---

Principal Place of Business 6800 SUEMAC PLACE JACKSONVILLE, FL 32254-5700	Mailing Address PO BOX 37589 JACKSONVILLE, FL 32236-7589
---	--

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1229901	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROWLAND, DUANE D 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
--

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 re-registering)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P ROWLAND, DUANE 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BECKER, JACK 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEDICOS, RON 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, DON 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWLAND, DAVID 6800 SUEMAC PLACE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000499137 04/24/06-80018-015 150.00 DO NOT WRITE IN THIS SPACE
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Duane Rowland</u> <u>President</u> <u>4/5/06</u> <u>904-354-8441</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #