

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 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**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ROWLAND, DUANE  
STREET ADDRESS 6800 SUEMAC PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE CD  
NAME BECKER, JACK  
STREET ADDRESS 6800 SUEMAC PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE V  
NAME DEDICOS, RON  
STREET ADDRESS 6800 SUEMAC PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE V  
NAME HUDSON, DON  
STREET ADDRESS 6800 SUEMAC PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE T  
NAME ROWLAND, DAVID  
STREET ADDRESS 6800 SUEMAC PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000681803  
04/04/07-80060-009 150.00

**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:**

*Duane D. Rowland* **DUANE D. ROWLAND** 3/30/07

Date

904-354-8411  
Daytime Phone #