SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 20 AM 10:11

DOCUMENT # **358558** **(5)**

1. Corporation Name
SUTTON DISTRIBUTING COMPANY INC

Principal Place of Business	Mailing Address
5301 E. DIANA AVE. TAMPA FL 33610	5301 E. DIANA AVE. TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1970**
3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1290057** ☐ 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

ANNIS, MICHAEL D.
1 TAMPA CITY CTR. #2100
201 N.FRANKLIN STREET
TAMPA FL 33601

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ANNIS, MICHAEL D.	12 NAME	
STREET ADDRESS	1 TAMPA CITY CTR. #2100	13 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL 00000	14 CITY ST ZIP	
TITLE	CTD	21 TITLE	☐ Change ☐ Addition
NAME	SUTTON, WILLIAM F	22 NAME	
STREET ADDRESS	16605 AVILA BLVD	23 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL 00000	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	SUTTON, HELEN C	32 NAME	
STREET ADDRESS	16605 AVILA BLVD	33 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL 00000	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	SUTTON, WILLIAM F., JR.	42 NAME	
STREET ADDRESS	6332 MACLAURIN DRIVE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 attachment with an address.

SIGNATURE: William F Sutton WILLIAM F. SUTTON, JR 6-12-95 813-621-1371
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (3/95)

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