

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358558

1. Entity Name

SUTTON-DISTRIBUTING COMPANY, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90170 008 \*\*\*150.00

Principal Place of Business

Mailing Address

5301 E. DIANA AVE.  
TAMPA FL 33610

5301 E. DIANA AVE.  
TAMPA FL 33610-1923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1290057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ANNIS, MICHAEL D.  
STREET ADDRESS 1 TAMPA CITY CTR. #2100  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME SUTTON, HELEN C.  
STREET ADDRESS 16605 AVILA BLVD  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DEVP ☐ Delete  
NAME SUTTON, BILL J  
STREET ADDRESS 5301 E. DIANA ST  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☒ Change ☐ Addition  
NAME SUTTON, WILLIAM F. JR  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DEVP ☒ Delete  
NAME MESSINA, PAUL  
STREET ADDRESS 5301 E. DIANA ST.  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of it, duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

813/621-1371

CR2E034 (9/99)