FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **424554** **(4)**

1. Corporation Name
PITMAN DISTRIBUTING COMPANY, INC.

Principal Place of Business	Mailing Address
5400 LONGLEAF ST P. O. BOX 12529 JACKSONVILLE FL 32209	5400 LONGLEAF ST. P. O. BOX 12529 JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/30/1973**
3a. Date of Last Report: **04/26/1994**

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: **59-1460248** ☐ 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

PITMAN, ERNEST H.
5201 ATLANTIC BLVD,#253
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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: _____ 4/27/95
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	1.1 TITLE		☑ Change ☒ Addition
NAME	PITMAN, ERNEST H	1.2 NAME		
STREET ADDRESS	5201 ATLANTIC BLVD,#253	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP		32207
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	PITMAN, DONALD D	2.2 NAME		
STREET ADDRESS	4923 RIVER POINT RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		32207
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	PITMAN, CHARLES P	3.2 NAME		
STREET ADDRESS	225 W SPRINGLAKE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 00000	3.4 CITY-ST-ZIP	Altamonte Springs, FL	32713
TITLE	PD	4.1 TITLE		☐ Change ☑ Addition
NAME	TRUNNELL, KATHERINE PITM	4.2 NAME		
STREET ADDRESS	4941 EMPIRE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		32207
TITLE	ST	5.1 TITLE		☐ Change ☑ Addition
NAME	SLAPPEY, SUSAN PITMAN	5.2 NAME		
STREET ADDRESS	5417 WELLER AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		32211
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Susan P. Slappey
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

0408862 FP