

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 424554 (4)

1. Corporation Name
PITMAN DISTRIBUTING COMPANY, INC.

Principal Place of Business

5400 LONGLEAF ST.
P. O. BOX 12529
JACKSONVILLE FL 32209

Mailing Address

5400 LONGLEAF ST.
P. O. BOX 12529
JACKSONVILLE FL 32209-0529

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/30/1973

3a. Date of Last Report

05/01/1996

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

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 607.0509 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]

Signature of officer or director or authorized agent, if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PITMAN, ERNEST H
STREET ADDRESS 5201 ATLANTIC BLVD, #253
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME PITMAN, DONALD D
STREET ADDRESS 4923 RIVER POINT RD
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME PITMAN, CHARLES P
STREET ADDRESS 225 W SPRINGLAKE DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME TRUNNELL, KATHERINE PITM
STREET ADDRESS 4941 EMPIRE AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SLAPPEY, SUSAN PITMAN
STREET ADDRESS 5417 WELLER AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

925 Merrill Rd., Apt #212
Jacksonville, FL

4661 Empire Ave.
Jacksonville, FL

14. I do 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 annual report, 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

4-28-97

10/17/96-6888

CR2E034 (9/96)

FILED
May 02 1997 8:00am
Secretary of State

