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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1973

4. FEI Number

59-1460248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

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

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32207

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32207

TITLE ☐ DELETE

NAME PITMAN, CHARLES P
STREET ADDRESS 925 MERRILL RD., APT #212
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

apt # 2210

32277

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

32207

TITLE ☐ DELETE

NAME SLAPPEY, SUSAN PITMAN
STREET ADDRESS 4861 EMPIRE AVE.
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

32207

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

CR2E034 (10/97)