

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464762

(4)

1. Corporation Name

CLORWOOD DISTRIBUTORS, INC.

Principal Place of Business

C/O LEE HANSCOM
8333 BRYAN DAIRY RD.-TAX DEPT. C3C
LARGO FL 34647

Mailing Address

C/O LEE HANSCOM
8333 BRYAN DAIRY RD.-TAX DEPT. C3C
LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/08/1974

3a. Date of Last Report
03/01/1994

4. FEI Number
59-1603574

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

2. Principal Place of Business

21 C/O CORP. TAX DEPT.

2a. Mailing Address

26 C/O CORP. TAX DEPT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8333 BRYAN DAIRY RD.

27 8333 BRYAN DAIRY RD.

City & State

City & State

23 LARGO, FL

28 LARGO, FL

Zip

Country

Zip

Country

24 34647

25

29 34647

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSCOM, LEE
8333 BRYAN DAIRY ROAD
LARGO FL 34647

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 PD
NAME NEWMAN, FRANK A
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SANTO, JAMES M.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT
NAME WHIDDON, THOMAS E.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME ROBERSON, RICHARD W.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ATD
NAME MEISTER, MICHAEL D.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME SANTO, JAMES M.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED
MICHAEL D. MEISTER

3/13/95 813/399-1337
Date Signature Print #