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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:29

DOCUMENT # 485090 (5)

1. Corporation Name
MELILLO DISTRIBUTING COMPANY, INC.

Principal Place of Business	Mailing Address
2911 BURKE STREET JACKSONVILLE FL 32254 US	PO BOX 37147 JACKSONVILLE FL 32236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1975	3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1621603	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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (20): Zip (29): County (30)

9. Name and Address of Current Registered Agent

WARREN, JULIAN
345 E FORSYTH ST.
JACKSONVILLE FL

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 607.0120 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 (or Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MELILLO, RONALD C.	12 NAME	
STREET ADDRESS	2651 PARRISH CEMETERY RD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MELILLO, CARMEN	22 NAME	
STREET ADDRESS	4522 TANGO LANE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MELILLO, SUSAN K	32 NAME	
STREET ADDRESS	2651 PARRISH CEMETERY RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WALKER, WILLIAM	42 NAME	
STREET ADDRESS	1727 GROVE PARK DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	VICE PRES ☐ Change ☐ Addition
NAME	CURTIS, MICHELLE	52 NAME	
STREET ADDRESS	736 E. PERRYMAN LANE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is willfully 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 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 K Melillo, Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date

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