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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 485090 (5)

MELILLO DISTRIBUTING COMPANY, INC.

-	FILEL)
Feb 27	1998	8:00am
Secre	etary o	of State

Principal Place	e of Business	Mailing Address		1 - 100 ELL DE PROTE LINE DE LE FANT DE LE F	in Manta Arbar Manta Arbar Arbar 1801;
400 DRAKE		PO 88X 87147			
	LE FL 32254	JACKSONVILLE FL 32236		DO NOT WRITE IN TI	HIS SDACE
US		205		3. Date Incorporated or Qualified	IIIO OFACE
				09/26/1975	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 SAME AS	#2	59-1621603	Not Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	8. This corporation owes or has paid the	
24	25	29 3	0]	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t negistered Agent	81 Name	10. Name and Address of New Registe	teo Agent
	ARREN, JULIAN		Thank of the state		
	S E FORSYTH ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
JA	CKSONVILLE FL		83		
1			84 City		FL 65 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-parried corr	poration submits this statement for the purpo	se of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
l	m familiar with, and accept the obliga	ations of, Section 607.0505, Fiori	da Statutes.		
SIGNATURE	Signature Typed or printed name of registered agei	of and title if applicable {NOTE: f	Registered Agent signature regul	Ired when reinstating) DA	TE.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MELILLO, RONALD C.		1.2 NAME	,	
STREET ADORESS	2651 PARRISH CEMETERY R	RD .	1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	MELILLO, CARMEN		2.2 NAME		
STREET ADDRESS	4522 TANGO LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	50 CT- TANAN (186-) - T- 10 CF 117 (197-) - CA (186-) - CA (186	
TITLE	ALINIO CHOTHA	☐ DELETE	3.1 TITLE	•	. L. Change L. Addition
NAME	MELILLO, SUSAN K	NA.	3.2 NAME		
STREET ADDRESS	2851 PARRISH CEMETERY R JACKSONVILLE FL	IV	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE PL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	WALKER, WILLIAM		4.1 TITLE		L Change L Adultion
NAME CODET ADDRESS	1727 GROVE PARK DRIVE		4. 2 NAME		
STREET ADDRESS	ORANGE PARK FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	CURTIS, MICHELLE	_ 5	5.2 NAME		City or south City and applying
STREET ADDRESS	736 E. PERRYMAN LANE		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
SU1 SUEEN	L . 		5-1 O(11 O(120)		

14. Thereby 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 supplicriental 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 for on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE: