2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # 532223** 1. Entity Name C & L DISTRIBUTING COMPANY 05-14-2001 90081 050 ***150.00 Principal Place of Business Mailing Address 2420 WEST DELANO ST. 2420 WEST DELANO ST. PENSACOLA FL 32505-5112 PENSACOLA FL 32505-5112 C0063951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1740609 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELK, CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 2420 WEST DELANO ST. PENSACOLA FL 32505 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WELK, CHARLES F. NAME NAME STREET ADDRESS 2420 W. DELANO ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL FL 32505 TITLE ☐ Change ☐ Addition TITLE WELK, ANNA A NAME NAME STREET ADDRESS 2420 WEST DELANO ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32505 TITLE ----☐ Delete TITLE ☐ Change ☐ Addition WELK, LINDA G. NAME NAME STREET ADDRESS 2420 WEST DELANO ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WELK, ROBIN NAME STREET ADDRESS 2420 WEST DELANO ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with displacement.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HANLOS FWELL ITED NAME OF SIGNING OF

☐ Delete

☐ Change

☐ Addition