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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 545314

R & T DISTRIBUTORS, INC.

FILED
May 02 1997 8:00am
Secretary of State

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Diani- I Di						81,811 1276 1284 83,831 81,841 31,641 18,64	
Principal Place of Business Mailing Address					and		
6541 44TH ST N PO BOX 20488							
8001-05 Pinellas PK	FI 34865	P.O.BOX 20468 St.Petersburg FL 3	3742.04RR				
US	1 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	US	0142 0400		3. Date Incorporated or Qualified 09/15/1977	3a. Date of Last Report 06/25/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1783055 Not Applicab		
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Star	te	City & Stato			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation has liability for	intengible tax under s. 199.032,	
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
ROM	Manek, Harvey L.			81 Name			
865	ELDORADO AVE			82 Street Add	ress (P.O. Box Number is Not Acceptat	ala)	
CLE	ARWATER BCH FL 34630			750	ISLAND WAY T	704	
				83 7			
				84 000 5	ARWATER		
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Florida St	atules, the a	pove-named corp	poration submits this statement for the p	purpose of changing its registered	
office or i	registered agent, or both, in the State	of Florida. Such change w	as authorize	d by the corporal	poration submits this statement for the p tion's board of directors. It hereby acceptions	of the appointment as registered	
1			Fre	T WATE	c.i	12 100	
SIGNATURE	Signature, typed or printed name in registered ego	sit and title if applicable.		d Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIBECTORS IN 12	
TALE	P	☐ DELETE	1.111	1L f		Change Addition	
NAME	ROMANEK, HARVEY L		1.2 N	NME .			
STREET ADDRESS	865 ELDORADO AVE		135	REET ADDRESS	150 ISLANDWAY 1	#10K	
CITY-ST-ZIP	CLEARWATER FL		14 C	IY-ST-ZIP	LEARWATER FL		
TITLE	SD	☐ DELETE	211	ILF V	750 ISLANDWAY 1 PLEARWATER FL TCE PRESIDENT-DIREC	Change Addition	
NAME	MILLARD, STEVEN L		2 2 N				
STREET ADDRESS	9320 54TH WAY NORTH		235	REET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL		1	ITY-ST-ZIP			
TITLE	<u> </u>	DELETE	3 1 TI		FERETANY -DILLETOR	ge Addition	
NAME	Pantisen Q 1		3.2 Nz		The second second		
STREET ADDRESS	LIABC- In the area!			REET ADDRESS		′	
CITY-ST-ZIP	Perkinson, Burbara 11085-100th Ave N Seminole, FL 33	ברלו		11Y-\$1-ZIP			
TITLE		DELETE	4.1 TI			Change Addition	
NAME			4. 2 N			_ Change _ Modition	
STREET ADDRESS				REET ADDRESS		į	
CITY-ST-ZIP				TY - \$1 - 7IP		ŀ	
TITLE		DEFELE	4.5 CI			Change Addition	
NAME			5.2 NA			Onwigo Addition	
STREET ADDRESS				REET ADDRESS			
				1			
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TI	TY - ST - ZIP		Change Addition	
NAME						☐ Change ☐ Addition	
			6.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-S1-ZIP			

I do 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.

MACHET EL