


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

FILED

Jan 26 1998 8:00am  
Secretary of State

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # 579839 (2)   |  |   |   |   |  |
| 1. Corporation Name<br>INTERCOASTAL DISTRIBUTORS, INC.  |  |   |   |   |  |
| Principal Place of Business<br>1740 S. SEAGRAVE<br>S. DAYTONA FL 32119-2124   |  |   | Mailing Address<br>1740 S. SEAGRAVE<br>S. DAYTONA FL 32119-2124 |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>07/21/1978   |  |
| 21  |  | 26  |   | 4. FEI Number<br>59-1837822   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | Applied For<br>Not Applicable   |  |
| 22  |  | 27  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| City & State  |  | City & State  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 23  |  | 28  |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Zip   |  | Country   |   | 29  |  |
| 24  |  | 25  |   | 30  |  |
| g. Name and Address of Current Registered Agent<br>MAHONEY, JOHN T.<br>1740 S. SEAGRAVE AVE.<br>S. DAYTONA FL 32019 |  |   | 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.                           |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                             |  |   |   |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |   |  |
| 1.1 TITLE   |  |   |   |   |  |
| 1.2 NAME  |  |   |   |   |  |
| 1.3 STREET ADDRESS  |  |   |   |   |  |
| 1.4 CITY-ST-ZIP   |  |   |   |   |  |
| 2.1 TITLE   |  |   |   |   |  |
| 2.2 NAME  |  |   |   |   |  |
| 2.3 STREET ADDRESS  |  |   |   |   |  |
| 2.4 CITY-ST-ZIP   |  |   |   |   |  |
| 3.1 TITLE   |  |   |   |   |  |
| 3.2 NAME  |  |   |   |   |  |
| 3.3 STREET ADDRESS  |  |   |   |   |  |
| 3.4 CITY-ST-ZIP   |  |   |   |   |  |
| 4.1 TITLE   |  |   |   |   |  |
| 4.2 NAME  |  |   |   |   |  |
| 4.3 STREET ADDRESS  |  |   |   |   |  |
| 4.4 CITY-ST-ZIP   |  |   |   |   |  |
| 5.1 TITLE   |  |   |   |   |  |
| 5.2 NAME  |  |   |   |   |  |
| 5.3 STREET ADDRESS  |  |   |   |   |  |
| 5.4 CITY-ST-ZIP   |  |   |   |   |  |
| 6.1 TITLE   |  |   |   |   |  |
| 6.2 NAME  |  |   |   |   |  |
| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY-ST-ZIP   |  |   |   |   |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)