ANNUAL REPORT
1995

Department of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:14

DOCUMENT # 592642 (3)

1. Corporation Name
E. & S. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
12946 N FLORIDA AVE TAMPA FL 33612	12946 N FLORIDA AVE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1978
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-1889112 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA FL 33606

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☒ Change ☐ Addition
NAME	WILKINSON, SHIRLEY	12 NAME	
STREET ADDRESS	7129 Decision Rd	13 STREET ADDRESS	7129 Decision Rd
CITY-ST-ZIP	LAND O LAKES, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, PATRICK	22 NAME	
STREET ADDRESS	21502 BUTTONBUSH DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	WILKINSON, EDWIN	32 NAME	
STREET ADDRESS	7129	33 STREET ADDRESS	7129 Decision Rd.
CITY-ST-ZIP	LAND O LAKES, FL 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BENNETT, KELLY	42 NAME	
STREET ADDRESS	3618 VALINCA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CLARK, LEAH	52 NAME	
STREET ADDRESS	21502 BUTTONBUSH DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DAVID	62 NAME	
STREET ADDRESS	3618 VALINCA DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Leah Clark — 2/13/95 — (813) 935-4276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0204444 CP