

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 592642 (3)
1. Corporation Name
E. & S. DISTRIBUTORS, INC.

Principal Place of Business
12946 N FLORIDA AVE
TAMPA FL 33612

Mailing Address
12946 N FLORIDA AVE
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1978	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1889112	Applied For Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	
NAME	WILKINSON, SHIRLEY	12 NAME	
STREET ADDRESS	7129 DECISION RD	13 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	
NAME	BENNETT, DAVID	22 NAME	
STREET ADDRESS	361B VALINICA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	
NAME	WILKINSON, EDWIN	32 NAME	
STREET ADDRESS	7129 DECISION RD	33 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	BENNETT, KELLY	42 NAME	
STREET ADDRESS	361B VALINICA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	
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	
NAME	Robert P Clark	62 NAME	
STREET ADDRESS	21502 Buttonbush Dr.	63 STREET ADDRESS	
CITY-ST-ZIP	Lutz, FL 33549	64 CITY-ST-ZIP	

14. 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 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 7 1/29/98 (813) 935-4270

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