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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90080 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 592642

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

3. Date Incorporated or Qualified

11/02/1978

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, SHIRLEY	
STREET ADDRESS	7129 DECISION RD	
CITY-ST-ZIP	LAND O LAKES, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNETT, DAVID	
STREET ADDRESS	361B VALINICA DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, EDWIN	
STREET ADDRESS	7129 DECISION RD	
CITY-ST-ZIP	LAND O LAKES, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, KELLY	
STREET ADDRESS	361B VALINICA DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, LEAH	
STREET ADDRESS	21502 BUTTONBUSH DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, ROBERT P.	
STREET ADDRESS	21502 BUTTONBUSH DR.	
CITY-ST-ZIP	LUTZ FL 33549	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ketty Bennett, Kelly	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	361 Valinica Drive	
1.3 STREET ADDRESS	17455 Valinica Drive	
1.4 CITY-ST-ZIP	Land O Lakes, FL 33610	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Clark, Leah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	21502 Buttonbush Drive	
3.3 STREET ADDRESS	Lutz, FL 33549	
3.4 CITY-ST-ZIP		
4.1 TITLE	Bennett, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	17455 Valinica Drive	
4.3 STREET ADDRESS	Spring Hill, FL 33610	
4.4 CITY-ST-ZIP		
5.1 TITLE	Clark, Robert P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	21502 Buttonbush Drive	
5.3 STREET ADDRESS	Lutz, FL 33549	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE:

Leah Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (813) 935-4270

CR2E034 (11/98)