

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Andrea B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 627465

(8)

1. Corporation Name

ANTHONY DISTRIBUTING COMPANY, INC.

Principal Place of Business

2900 E. 7TH AVENUE
TAMPA FL 33605

Mailing Address

2900 E. 7TH AVENUE
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1979

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City

25

State

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City

30

State

4. FEI Number

59-1957808

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ITALIANO, ANTHONY S., SR.

~~3413 BEACH DRIVE~~ 2900 E. SEVENTH AVE.

~~TAMPA FL 33605~~ TAMPA FL 33605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2900 E. SEVENTH AVE

83

84 City

TAMPA

85

FL

86

Zip Code
33605

11. Pursuant to the provisions of Sections 607.0102 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 of Agent Registered Agent of corporation (Agent must be a resident of Florida)

Signature of Registered Agent (Agent must be a resident of Florida)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ITALIANO, ANTHONY S., SR.
STREET ADDRESS	3413 BEACH DRIVE
CITY, ST, ZIP	TAMPA FL
TITLE	STD
NAME	ITALIANO, SALVATORE A.
STREET ADDRESS	4912 BAY WAY PL.
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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 of this report, as an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE A. ITALIANO

Date

(813) 247-4000