

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # **646986** (0)
1. Corporation Name
J.B. DISTRIBUTING COMPANY OF MADISON, INC.



Principal Place of Business Mailing Address
95 MILTON AVENUE
ATLANTA GA 30315 **95 MILTON AVENUE**
ATLANTA GA 30315-2303

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/03/1979

3a. Date of Last Report
04/22/1996

4. FEI Number

Applied For

59-2009821

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

10. Name and Address of New Registered Agent

HARDEE, CARY A.
901 WEST BASE STREET
MADISON FL 32340

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD
BURNETTE, JOHNNY
STREET ADDRESS
405 SEMINOLE AVENUE
CITY- ST- ZIP
MADISON FL

11 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STD
BURNETTE, J.C., SR.
STREET ADDRESS
405 SEMINOLE AVENUE
CITY- ST- ZIP
MADISON FL

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

31 TITLE ☐ Change ☐ Addition

STREET ADDRESS

32 NAME

CITY- ST- ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

NAME

41 TITLE ☐ Change ☐ Addition

STREET ADDRESS

42 NAME

CITY- ST- ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

NAME

51 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

61 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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:

John C. Burnette President 4/11/97 404-622-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)