

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734611

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

110-A SOUTH MONROE ST  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 10747  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-1733725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHEPP, DAVID A  
3020 SOUTH FLORIDA AVENUE  
SUITE 205  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AUSTIN, DAN  
Address: 1818 POINCIANA BLVD.  
City-St-Zip: KISSIMMEE, FL 34758

Title: D  
Name: JOHN, WATSON  
Address: 14016 LAKE TILDEN BLVD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ED  
Name: SHEPP, DAVID A  
Address: 3020 SOUTH FLORIDA AVENUE, SUITE 205  
City-St-Zip: LAKELAND, FL 33803

Title: P  
Name: TEEL, DAN  
Address: 2001 W GOVERNMENT ST  
City-St-Zip: PENSACOLA, FL 32501

Title: D  
Name: COURSON, CARL  
Address: P.O. BOX 198  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: HAZARD, JOHN  
Address: PO BOX 522410  
City-St-Zip: LONGWOOD, FL 32752

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. SHEPP

ED

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date