FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:14

DOCUMENT # **816378** **(4)**

1. Corporation Name
NATIONAL DISTRIBUTING COMPANY INC

Principal Place of Business	Mailing Address
ONE NATIONAL DRIVE. S.W. P.O.BOX 44127 ATLANTA GA 30336	ONE NATIONAL DRIVE. S.W. P.O.BOX 44127 ATLANTA GA 30336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1963**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **58-0516238** ☐ 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

FISHER, GERARD
441 S W 12TH AVENUE
DEERFIELD BEACH FL 33442

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CARLOS,MICHAEL C	12 NAME	
STREET ADDRESS	ONE NATIONAL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	CARLOS, ANDREW C.	22 NAME	
STREET ADDRESS	ONE NATIONAL DR	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SELWYN,HERMAN	32 NAME	
STREET ADDRESS	3316 PERKINS RD	33 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JAY M	42 NAME	
STREET ADDRESS	ONE NATIONAL DR	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ALFRED A.	52 NAME	
STREET ADDRESS	ONE NATIONAL DR	53 STREET ADDRESS	DECEASED
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Andrew C. Carlos Ex V.P. + Treasurer 2/16/95 404-696-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0000109 FP