

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 846959
1. Corporation Name

ANDALUSIA DISTRIBUTING COMPANY, INC.

Principal Place of Business: **ALLEN AVENUE P.O. BOX 51 ANDALUSIA, AL 36420**
Mailing Address: **ALLEN AVENUE P.O. BOX 51 ANDALUSIA, AL 36420**

3. Date Incorporated or Qualified: **09/16/1980**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **63-0422784**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 date of signature)
DATE: _____ (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, MICHAEL L.	
STREET ADDRESS	1500 MIDWAY DRIVE	
CITY-ST-ZIP	ANDALUSIA, AL 36420	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, F. M.	
STREET ADDRESS	ALLEN AVENUE	
CITY-ST-ZIP	ANDALUSIA, AL 36420	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JONES, RICHARD E.	
STREET ADDRESS	CEDAR ROAD	
CITY-ST-ZIP	ANDALUSIA, AL 36420	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, LARRY DAVID	
STREET ADDRESS	RT. 6, BOX 302AA	
CITY-ST-ZIP	ANDALUSIA, AL 36420	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, BERTRUM T.	
STREET ADDRESS	1000 MONTEZUMA STREET	
CITY-ST-ZIP	ANDALUSIA, AL 36420	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	

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***200.00

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)(k), 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: *M. L. Jones, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95
DATE

CR2E034 (12/95)