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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 846959 (5)
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 36420-0051

3. Date incorporated or Qualified: 09/16/1980
3a. Date of Last Report: 04/19/1996
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
6. 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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: JONES, MICHAEL L.
STREET ADDRESS: 1500 MIDWAY DRIVE
CITY-ST-ZIP: ANDALUSIA AL 36420
TITLE: D
NAME: JONES, F.M.
STREET ADDRESS: ALLEN AVENUE
CITY-ST-ZIP: ANDALUSIA AL 36420
TITLE: STD
NAME: JONES, RICHARD E.
STREET ADDRESS: CEDAR DRIVE
CITY-ST-ZIP: ANDALUSIA AL 36420
TITLE: VD
NAME: JONES, LARRY DAVID
STREET ADDRESS: RT. 6, BOX 302AA
CITY-ST-ZIP: ANDALUSIA AL 36420
TITLE: VD
NAME: PIERCE, BERTRUM T.
STREET ADDRESS: 100 MONTEZUMA STREET
CITY-ST-ZIP: RIVER FALLS AL 36420

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE: Michael L. Jones, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97
Date Daytime Phone #

CR2E034 (9/96)