

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **855681** (3)

1. Corporation Name  
**GURKIN DISTRIBUTORS, INC.**



Principal Place of Business

HWY #64 EAST  
POST OFFICE BOX 667  
PLYMOUTH, N C 27962

Mailing Address

HWY #64 EAST  
POST OFFICE BOX 667  
PLYMOUTH, N C 27962

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified <b>02/25/1983</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FET Number <b>56-1351502</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

T	<input type="checkbox"/> DELETE
NAME: <b>ROBERTS, WALTER F., JR.</b>	
STREET ADDRESS: <b>615 U. S. HIGHWAY 64 E</b>	
CITY, ST, ZIP: <b>PLYMOUTH NC</b>	
V	<input type="checkbox"/> DELETE
NAME: <b>KING, JAMES S.</b>	
STREET ADDRESS: <b>4236 STATESVILLE RD.</b>	
CITY, ST, ZIP: <b>CHARLOTTE NC</b>	
P	<input type="checkbox"/> DELETE
NAME: <b>GINN, J.A.</b>	
STREET ADDRESS: <b>615 U. S. HIGHWAY 64 E</b>	
CITY, ST, ZIP: <b>PLYMOUTH NC</b>	
S	<input type="checkbox"/> DELETE
NAME: <b>RUMBLE, CLAYTON T.</b>	
STREET ADDRESS: <b>4236 STATESVILLE RD.</b>	
CITY, ST, ZIP: <b>CHARLOTTE NC</b>	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 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)(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 of this report, or on an attachment with an address.

SIGNATURE: *Walter F. Roberts, Jr.* **Walter F. Roberts, Jr.** 2/8/96 919 793-2175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)