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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 27962-0667

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/25/1983	02/15/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	56-1351502	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corporation Service Company 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 <i>This was changed 12/17/96</i>	Corporation Service Company 1201 Hays Street, Suite 105 Tallahassee, FL 32301
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T ROBERTS, WALTER F., JR. 615 U. S. HIGHWAY 64 E PLYMOUTH NC	<input type="checkbox"/> DELETE	1.1 TITLE V.P., Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V KING, JAMES S. 4236 STATESVILLE RD. CHARLOTTE NC	<input checked="" type="checkbox"/> DELETE	1.2 NAME Roberts, Walter F., Jr.	
P GINN, J.A. 615 U. S. HIGHWAY 64 E PLYMOUTH NC	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 615 U.S. Hwy. 64 E.	
S RUMBLE, CLAYTON T. 4236 STATESVILLE RD. CHARLOTTE NC	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Plymouth, NC. 27962	
	<input type="checkbox"/> DELETE	2.1 TITLE	800002135818-1
	<input type="checkbox"/> DELETE	2.2 NAME	-04/08/97--01021--004
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	****165.00 ****165.00
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	Chief Executive Officer
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	William F. Matthews
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	1500 Indian Trail Road
	<input type="checkbox"/> DELETE	6.1 TITLE	Norcross, Ga. 30091-6100
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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 on an attachment with an address.

SIGNATURE: Walter F. Roberts, Jr. DATE: 3/20/97 DAYTIME PHONE: 919-793-2175

CR2E034 (9/96)

JBH-4-97