Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90019 035 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F13866

1. Corporation Name

SOUTHL	AND CRAFT DISTRIBUTOR	S, INC.								
Principal Place	e of Business	Mailing Address	•			1 (831/83 (18) (180	# 311#3 1#11# WII	D Mill Mimit	BIBIL BIBIL BIBIL	
% HAROLD J PILE. JR 5155 GALL BLVD		% HAROLD J PILE. JR 5155 GALL BLVD				DO NOT WIDTE IN THIS SPACE				
ZEPHYRHILLS FL 33541 US		ZEPHYRHILLS FL 33541 US			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
บจ		03				01/07/1981				
2. Principal Pl	lace of Business	2a. Mailing Address				FEI Number			Ap	plied For
21		26				59-2053027			No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	Certificate of Status	Desired		\$8.75	
22		27							Fee Re	
- City & State		-City & State			6.	Election Campaign	-		~\$5:00 Added 1	May Be
23	Country	Zip	Cou	untru		Trust Fund Contrib		at vane le		U Fees
Zip	Country	├ <del></del> `	30	ıı ıı y	1	This corporation ov Personal Property		in year ii	∏ Yes	□No
24	9. Name and Address of Curren	29 Agent	[30]	<u> </u>		Name and Addres		egistered	d Agent	
	3, 1421110 2110 71241000 01 041141			81 Name		<del></del>				
	, HAROLD J., JR			82 Street	Address (P	O. Box Number is	Not Accepta	nle)		-
	5 GALL BLVD	•		DZ Olicet	,	.0. 00x 140111001 10	101 / 1000 ptd	,		
ZEPI	HYRHILLS FL 33541			83						
				84 City				FI	85 Zip (	Code
		2 and 607 1509 Florido St	atutos the a	hove-named	comoration	submits this stater	ent for the r	ourpose o	<u> </u>	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change w	as authorized	by the corpo	oration's bo	pard of directorst.h	ereby accep	the appo	ointment:as.re	gistered ===================================
agent. I a	m tamiliar with, and accept the obliga	tions of, Section 607.0505,	rionda Stat	nies.						
agent, I a		· .	riorida Stat		acuired when re					
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CITY-ST-ZIP 14. I 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 or an attachment with an address, with all other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE