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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 12 1997 8:00am

Secretary of State

Secretary of State
Division OF CORPORATIONS

DOCUMENT # F19792

(3)

B & H DISTRIBUTORS, INC.

Principal Place of Business Mailing Address 311 S. DIXIE AVE. 311 S. DIXIE AVE. TITUSVILLE FL 32788-3341 TITUSVILLE FL 32796 3a. Date of Last Report 3. Date Incorporated or Qualified 02/16/1981 06/11/1996 2a. Mailing Address 4. FFI Number 2. Principal Place of Business Applied For BIL S. DIKIE AVE 26 311 S.DIXIE 59-2094283 Not Applicable Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be ITUSVILLE, TITUSVI Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, MREVARD 32796 Yes No BREVARD Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GERTRUDE, ANNE BARNES 311 S DIXUE AVE Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32798 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE BARNES, GERTRUDE ANNE 1.2 NAME NAME 311 S. DIXIE AVE. 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 0 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-S1-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

I am an officer or director of the corporation or the receiver or trustee empowered to exappears in Block 12 or Block 13 if changed, or on an attachment with an address.