

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 23 PM 2:29

DOCUMENT # F25016 (9)

1. Corporation Name

EMPIRE DISTRIBUTOR, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 2081  
675 LIVELY AVE. #201  
NORCROSS GA 30091

Mailing Address

P.O. BOX 2081  
675 LIVELY AVE. #201  
NORCROSS GA 30091

3. Date Incorporated or Qualified

03/12/1981

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2080533

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUTLER, WILLIAM  
800 W. KING ST.  
COCOA FL 32922

81 Name

Mathew Gilbert

82 Street Address (P.O. Box Number is Not Acceptable)

83

1714 Mahan Ctr Blvd

84

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OLK, SUSAN K  
STREET ADDRESS 2836 S.W. 13TH CT.  
CITY-ST-ZIP DEERFIELD FL 33442

TITLE ☐ DELETE

NAME OLK, VIRGINIA D.  
STREET ADDRESS 2836 S.W. 13TH CT.  
CITY-ST-ZIP DEERFIELD FL 33442

TITLE ☐ DELETE

NAME SV  
STREET ADDRESS BARRY, KAREN M.  
CITY-ST-ZIP 2525 ALPINE WAY  
DULUTH GA 30136

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (770) 416-0667  
Date Day/Minute/Phone #

CR2E034 (12/95)