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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F34880

(7)

1. Corporation Name
RGE DISTRIBUTING COMPANY, INC.



Principal Place of Business
2321 STATE RD. 580
CLEARWATER FL 34623

Mailing Address
P OBOX 872
DUNEDIN FL 34697-0872
US

3. Date Incorporated or Qualified 05/14/1981	3a. Date of Last Report 01/26/1996
4. FEI Number 59-2108541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 620 Mt Vernon St Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 68 Suite, Apt. #, etc.
22 City & State 23 Oldsmar, FL Zip 24 34677 Country 25 USA	27 City & State 28 Oldsmar, FL Zip 29 34677 Country 30 USA

9. Name and Address of Current Registered Agent EMSLIE, RICHARD G JR 2321 STATE RD. 580, SUITE 5A DUNEDIN, FLORIDA CLEARWATER FL 34623	10. Name and Address of New Registered Agent 81 Name Richard G Emslie Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 620 Mt Vernon St 83 84 City Oldsmar FL 85 Zip Code 34677
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 Richard G Emslie Jr. Richard G Emslie Jr. DATE 2/3/97	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EMSLIE, RICHARD G JR 3909 WELLINGTON CIRCLE PALM HARBOR FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMSLIE, RICHARD G 2122 PADDOCK CIR DUNEDIN, FLORIDA 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EMSLIE, RICHARD G JR 3909 WELLINGTON CIRCLE PALM HARBOR FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EMSLIE, RICHARD G JR 3909 WELLINGTON CIR. PALM HARBOR FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard G Emslie Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97 813-814-0606
Date Daytime Phone #

CR2E034 (9/96)