SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 0 THE CORPORATIONS 1996₆₋₁4 **DOCUMENT #** F52112 FOOD EQUIPMENT DISTRIBUTORS, INC. Principal Place of Business Mailing Address 2526 N. ORANGE BLOSSOM TRAIL 2525 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804 ORLANDO FL 32904 3a. Date of Last Report 3. Date Incorporated or Qualified 10/27/1981 04/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 2525 N. Grange BlossomT 59-2140597 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 This corporation has liability for intarigible tax under s. 199.032 Country Country Yes No USA Florida Statutes 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHATLEY, JACQUELINE B 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD #1000 **TAMPA FL 33602** 83 Zıp Code City 85 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, and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** Signature: type-I or princed name of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) (96/E)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE P CR2E034 NAME BELTRAM, DANIEL 1.2 NAME STREET ADDRESS 6800 N FLORIDA AVENUE 1.3 STREET ADDRESS TAMPA, FL 00000 14 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1.1:TLE ANDERSON, ROBIN 22 NAME STREET ADDRESS 2525 N ORANGE BLOSSOM TRAIL 2.3 STREET ADDRESS ORLANDO, FL 32804 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Add:tion 4 I TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST- ZIP DITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 64 CHY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 have an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and agged or on an attachment with an address that my name appears 407-841-5080 SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR