FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000125 (6)**

1. Corporation Name
M-K DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 70 DITTMER MO 63023	P.O. BOX 70 DITTMER MO 63023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/05/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **43-1149264** ☐ 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

~~KUNZ, MARJORIE A~~ SANSONE, MARJORIE A
12 E. WALL
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Marjorie A. Sansone 4-05-95
(Agent's Typed or Printed Name of Registered Agent and Date of Appointment) (NOTE: Registered Agent Signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	KUNZ, MARJORIE A	12 NAME	SANSONE, MARJORIE A.
STREET ADDRESS	6750 US HWY 27 N., UNIT #N-2	13 STREET ADDRESS	6750 US HWY 27 N, UNIT 5-D
CITY-ST-ZIP	SEBRING FL 33870	14 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SANSONE, ANTHONY JR.	22 NAME	
STREET ADDRESS	5885 LONE OAK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	HIGH RIDGE MO 63049	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	STORY, MIKE	32 NAME	
STREET ADDRESS	P.O. BOX 108 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	DITTMER MO 63023	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Anthony J Sansone 4-7-95 813-635-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0489961 FN