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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F9200000125	(6)

1. Corporation Name

M-K DISTRIBUTING COMPANY



Principa! Place of	Business	Mailing Address				
P.O. BOX 70 DITTMER MO 63023		P.O. BOX 70 Dittmer mo 63023				
					3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 05/01/1995
. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			43-1149264	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
L		28	T Countr	,	Trust Fund Contribution 8. This corporation has liability for in	Auded to Fees
Zip	Country 25	Ζιρ [29]	30	,	Florida Statutes X Yes	□ No
	9. Name and Address of Current		1271		10. Name and Address of New Re	gistered Agent
			81	Name		
SANSON	IE, MARJORIE A		82	Street Add	lress (P.O. Box Number is Not Acceptable	e)
12 E. WA			83			
FROSTPF	ROOF FL 33843			<u> </u>		85 Zip Code
			84	City		FL 85 Zip Gode
	Tgiative typed or protestibles of registress all of OFFICERS AN	O DIFFECTORS	13.		ADDITIONS/CHANGES TO OFFI	
2.	OFFICERS AN				ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
ITE	P Sansone, Marjorie a	DELETE	1 1 TITU 1 2 NAM			
AME	6750 US HWY 27 N, UNIT 5	-D		FT ADDRESS		
THEET ADDRESS	SEBRING FL	-	1.4 C:TY			
TLF	V	☐ D€LETE	2 3 101			Change Addition
AME	SANSONE, ANTHONY JR.		2.2 NAM	t		
TREET ADDRESS	5885 LONE OAK DR.			ET ADDRESS		
17.Y - ST - ZIP	HIGH RIDGE MO 63049		2 4 CIFY 3 1 I II	51 · ZIF		Change Addition
ILE	STORY, MIKE	L) bitten	3 2 NAM			_
AME	P.Q. BOX 108 N/A		L	EET ADDRESS		
TREET ADDRESS	DITTMER MO 63023		3.4.011	- ST - ZIP		
ITLE		[] DELETE	4 1 Till	F		Change Additi
IAME			4.2 NAM	F		
STREET ADDRESS				F1 ADDRESS		
OTY-ST-ZIP		□ DELETE	4.4 CHY 5.1 Till	S1 - 21F		Change Additi
ITLE		L) been	5 2 NAN			
				LET ADDRESS		
STREET ADDRESS			5.4 CiT	ST ZIP		
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STREET ADDRESS CHY-ST-ZIP TITLE		DELETE	6 1 TiT 6 2 NAS	LE Ni:		Change Addit
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6 1 1 I I 6 2 NA 6 3 STR	.F		☐ Change ☐ Addit-

Too nereby certify that the information supplied with this lining is voormany to mished and coest not querily that the information indicated on this amound report or suppliemental 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 Book 12 or Block 13 if changed, or on an attached or the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NING OFFICER OR DIRECTOR 4-8-86

CR2E034 (12/95)