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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF  
Sandra B. Mort  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004770 (4)

1. Corporation Name

VECTOR DISTRIBUTORS, INC.



Principal Place of Business

6701 90TH AVE., NORTH  
PINELLAS PARK FL 34666

Mailing Address

6701 90TH AVE., NORTH  
PINELLAS PARK FL 34666

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

ANESTIS, ROBERT  
6701 90TH AVE., NORTH  
PINELLAS PARK FL 34666

3. Date Incorporated or Qualified  
10/21/1993

3a. Date of Last Report  
04/28/1995

4. FEI Number  
59-3199330

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

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab-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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JACKSON, CHARLES A JR  
STREET ADDRESS 6701 90TH AVE., NORTH  
CITY-ST-ZIP PINELLAS PARK FL 34666 ☐ DELETE

TITLE V  
NAME BACCARI, DAVID  
STREET ADDRESS 6701 90TH AVE., NORTH  
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

TITLE SDT  
NAME ANESTIS, ROBERT  
STREET ADDRESS 6701 90TH AVE., NORTH  
CITY-ST-ZIP PINELLAS PARK FL ☐ DELETE

TITLE CD  
NAME ROSENTHAL, MICHAEL J  
STREET ADDRESS 6701 90TH AVE., NORTH  
CITY-ST-ZIP PINELLAS PARK FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E ☐ Change ☐ Addition

1.2 NE

1.3 SEET ADDRESS

1.4 C-ST-ZIP

2.1 E ☐ Change ☐ Addition

2.2 NE

2.3 SEET ADDRESS

2.4 C-ST-ZIP

3.1 E ☐ Change ☐ Addition

3.2 NE

3.3 SEET ADDRESS

3.4 C-ST-ZIP

4.1 E ☐ Change ☐ Addition

4.2 NE

4.3 SEET ADDRESS

4.4 C-ST-ZIP

5.1 E ☐ Change ☐ Addition

5.2 NE

5.3 SEET ADDRESS

5.4 C-ST-ZIP

6.1 E ☐ Change ☐ Addition

6.2 NE

6.3 SEET ADDRESS

6.4 C-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: *Charles A. Jackson, Jr.* Charles A. Jackson, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96  
Date

813-541-6632  
Daytime Phone

CR2E034 (12/95)