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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000004885 (8)**

1. Corporation Name
MISSISSIPPI VALLEY DISTRIBUTION, INC.

Principal Place of Business
646 ANCHORS ST
SUITE 1
FT WALTON BEACH FL 32548

Mailing Address
646 ANCHORS ST
SUITE 1
FT WALTON BEACH FL 32548-3869

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21 629 Anchors St.
Suite, Apt. #, etc.
22
City & State
23 Ft. Walton Bch Fl
Zip 24 32548
Country 25 OK

2a. Mailing Address
26 629 Anchors St.
Suite, Apt. #, etc.
27
City & State
28 Ft. Walton Bch Fl
Zip 29 32548
Country 30 OK

4. FEI Number: 59-3275474 — 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
CALVO, WILLIAM A III
11355 SE 54TH AVE
BELLEVIEW FL 34420

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCREYNOLDS, THOMAS E	1.2 NAME	
STREET ADDRESS	308 MIRACLE STRIP PKWY, APT 12D	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	
TITLE	VCV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEETS, EDGARS E	2.2 NAME	
STREET ADDRESS	308 MIRACLE STRIP PKWY, APT 13D	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, DONALD W	3.2 NAME	
STREET ADDRESS	418 DAVENPORT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Edgar E Sheets

CR2E034 (9/96)