

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 03 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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

2. Principal Place of Business

21 629 Anchors St.

Suite, Apt. #, etc.

22 City & State

23 Ft. Walton Beh FL

24 32548

25 OK

26. Mailing Address

26 629 Anchors St.

Suite, Apt. #, etc.

27 City & State

28 Ft. Walton Beh FL

29 32548

30 OK

9. Name and Address of Current Registered Agent

CALVO, WILLIAM A III  
11355 SE 54TH AVE  
BELLEVUE FL 34420

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

04/18/1996

4. FFI Number

59-3275474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME MOREYNOLDS, THOMAS E  
STREET ADDRESS 308 MIRACLE STRIP PKWY, APT 12D  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE VCV ☐ DELETE

NAME SHEETS, EDGARS E  
STREET ADDRESS 308 MIRACLE STRIP PKWY, APT 13D  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ST ☐ DELETE

NAME WHITNEY, DONALD W  
STREET ADDRESS 418 DAVENPORT AVE  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 my address.

SIGNATURE:

*Thomas E. Moreynolds*

CR2E034 (9/96)