

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 # F95000005923 (6)

1. Corporation Name

FOX DISTRIBUTORS, INC.



Principal Place of Business

2879 FORREST HILLS DR SW
ATLANTA GA 30315

Mailing Address

2879 FORREST HILLS DR SW
ATLANTA GA 30315

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

2870 Forrest Hills Dr. S.W.

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/05/1995

3a. Date of Last Report

4. FEI Number

58-2118729

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, MIKE
3761 MOSS POINT CIR
LAKEWORTH FL 33467

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DCP
LEATHERS, CYNTHIA K
STREET ADDRESS
135 OAK MANOR
CITY - ST - ZIP
FAYETTEVILLE GA 30214

TITLE ☐ DELETE

NAME
DVT
LEATHERS, JACK DOUGLAS
STREET ADDRESS
135 OAK MANOR
CITY - ST - ZIP
FAYETTEVILLE GA 30214

TITLE ☐ DELETE

NAME
D
HALES, CHRIS
STREET ADDRESS
2451 JOHNSON DR
CITY - ST - ZIP
DORAVILLE GA 30340

TITLE ☐ DELETE

NAME
D
CLINKSCALES, DOROTHY
STREET ADDRESS
144 CAPRI CIR
CITY - ST - ZIP
HARTWELL GA 30643

TITLE ☐ DELETE

NAME
S
RICKARD, SHEILA
STREET ADDRESS
1307 COBBLESTONE BLVD
CITY - ST - ZIP
FAYETTEVILLE GA 30215

TITLE ☐ DELETE

NAME
V
LEATHERS, JACK DOUGLAS (JAY) JR
STREET ADDRESS
1955 BELLS FERRY RD NE #2024
CITY - ST - ZIP
MARIETTA GA 30066

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 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: Sheila Rickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

404 767-0688

Daytime Phone #

CR2E034 (12/95)