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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000928 (8)

1. Corporation Name

DISTRIBUTION ASSOCIATES SOUTH, INC.

Principal Place of Business

3284 MEDLOCK BRIDGE RD.
NORCROSS GA 30092

Mailing Address

3284 MEDLOCK BRIDGE RD.
NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

58-1435002

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4995 Avalon Ridge Pkwy

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Norcross GA 30071

Zip

24 30071

Country

25 USA

2a. Mailing Address

26 4995 Avalon Ridge Pkwy

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Norcross, GA 30071

Zip

29 30071

Country

30 USA

9. Name and Address of Current Registered Agent

SIMMONS, LARRY W
7800 SOUTHLAND BLVD., STE. 102
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

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

7558 SouthLand Blvd. St 110

84 City

Orlando

FL

85 Zip Code

32809

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 P
STREET ADDRESS SIMMONS, LARRY W
CITY-ST-ZIP 5735 PRESERVE CIRCLE
ALPHARETTA GA 30202

TITLE ☐ DELETE

NAME S
STREET ADDRESS CARTER, C. MICHAEL
CITY-ST-ZIP 5820 KANAN DUME
MALIBU CA 90265

TITLE ☐ DELETE

NAME T
STREET ADDRESS MCCLOSKEY, JAMES P
CITY-ST-ZIP 24983 LORENA DR.
CALABASSIS CA 91302

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 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, upon an attachment with an address.

CR2E034 (10/97)