

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90014 044 ***550.00

DOCUMENT # F98000000462

1. Corporation Name

HELD DISTRIBUTORS, INC.

Principal Place of Business

**8071E 600 S.
ELIZABETHTOWN IN 47232**

Mailing Address

**8071E 600 S.
ELIZABETHTOWN IN 47232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

35-2020322

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VANSANT, HOWARD M
12110 E HWY 316
FT MCCOY FL 32134**

10. Name and Address of New Registered Agent

81 Name

KIMBERLY D HUTTON

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

165 SW FAIRWAY DR

83

84 City

KEYSTONE HEIGHTS, FL

85 Zip Code

32656

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 of 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

Kimberly D Hutton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **INGRAM, DON**
STREET ADDRESS **8071E 600 S**
CITY-ST-ZIP **ELIZABETHTOWN IN**

TITLE **VCD** ☒ DELETE

NAME **VANSANT, HOWARD**
STREET ADDRESS **22095 130 CT RD**
CITY-ST-ZIP **FT MCCOY FL**

TITLE **SD** ☒ DELETE

NAME **VANSANT, LINDA**
STREET ADDRESS **22095 130 CT RD**
CITY-ST-ZIP **FT MCCOY FL**

TITLE **TD** ☐ DELETE

NAME **INGRAM, EULA**
STREET ADDRESS **8071E 600 S**
CITY-ST-ZIP **ELIZABETHTOWN IN**

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 **TREASURER/DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **KIMBERLY D HUTTON**

1.3 STREET ADDRESS **165 SW FAIRWAY DR**

1.4 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

2.1 TITLE **VICE PRESIDENT/DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **ERIC T. HUTTON**

2.3 STREET ADDRESS **165 SW FAIRWAY DR**

2.4 CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

3.1 TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition

3.2 NAME **EULA INGRAM**

3.3 STREET ADDRESS **8071E 600S**

3.4 CITY-ST-ZIP **ELIZABETHTOWN, IN 47232**

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, or on an attachment with an address.

SIGNATURE:

Don Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99 812-579-5165
Date Daytime Phone #

CRZE034 (5/99)

0121990