


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # F99000003247</b>                                     |  |
| 1. Entity Name<br>HOSHIZAKI SOUTHEASTERN DISTRIBUTION CENTER, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>5589 COMMONWEALTH AVENUE<br>JACKSONVILLE, FL 32254 | Mailing Address<br>5589 COMMONWEALTH AVENUE<br>JACKSONVILLE, FL 32254 |
|---|---|



01202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3579254 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |  |            |
|---|--|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

|   |   |                             |  |
|---|---|-----------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U000000072324<br>03/01/04-80106-016 150.00 |
|---|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MASE, TOSHIO<br>618 HIGHWAY 74 SOUTH<br>JACKSONVILLE, FL 32254        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BALES, MIKE<br>5589 COMMONWEALTH AVENUE<br>JACKSONVILLE, FL 32254     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>NOMURA, MITSUHIRO<br>618 HIGHWAY 74 SOUTH<br>PEACHTREE CITY, GA 30269 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|   |                     |                                |
|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | 2/14/04             | 770-487-2831                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date</small> | <small>Daytime Phone #</small> |