

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000003247

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** HOSHIZAKI SOUTHEASTERN DISTRIBUTION CENTER, INC.

**Current Principal Place of Business:**

5589 COMMONWEALTH AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

618 HIGHWAY 74 S  
PEACHTREE CITY, GA 30269

**New Mailing Address:**

**FEI Number:** 59-3579254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DAVIS, CARTER  
**Address:** 618 HIGHWAY 74 SOUTH  
**City-St-Zip:** PEACHTREE CITY, GA 30269

**Title:** VP  
**Name:** BALES, MIKE  
**Address:** 5589 COMMONWEALTH AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32254

**Title:** T  
**Name:** ANDERSON, BILL  
**Address:** 618 HWY 74 S  
**City-St-Zip:** PEACHTREE CITY, GA 30269

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BILL ANDERSON

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02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date