

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G43418** (4)

1. Corporation Name

UNIT DISTRIBUTION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**1301 GULF LIFE DR STE 1800
JACKSONVILLE FL 32207**

**1301 GULF LIFE DR STE 1800
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 1301 RIVERPLACE BLVD.

2a. Mailing Address

26 1301 RIVERPLACE BLVD.

Suite, Apt. #, etc.

22 SUITE 1200

Suite, Apt. #, etc.

27 SUITE 1200

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32207

Country

25 USA

Zip

29 32207

Country

30 USA

3. Date Incorporated or Qualified

06/14/1983

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1518265

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 the Florida office

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
VD	MOORE, DANIEL D	1800 GULF LIFE TOWER	JACKSONVILLE, FL 00000
T	DUNN, E PAUL JR	120 RIVERSIDE PLAZA	CHICAGO IL
PD	ELSTON, WILLIAM S	1800 GULF LIFE TOWER	JACKSONVILLE, FL 00000
S	MATSON, J. MICHAEL	1800 GULF LIFE TOWER	JACKSONVILLE FL
AS	LEVIN, JOHN D	120 S RIVERSIDE PLAZA	CHICAGO IL
V	HEINEN, PAUL A.	120 S. RIVERSIDE PLAZA	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP
V/D/S	DANIEL D. MOORE	1301 RIVERPLACE BLVD, STE 1200	JACKSONVILLE, FL 32207
T	E. PAUL DUNN JR.	500 W. MONROE	CHICAGO, IL 60661
P/D	JOSEPH A. NICOSIA	1301 RIVERPLACE BLVD, STE 1200	JACKSONVILLE, FL 32207
D	MICHAEL J. GARDNER	1301 RIVERPLACE BLVD, STE 1200	JACKSONVILLE, FL 32207
AS	JOHN D. LEVIN	500 W. MONROE	CHICAGO, IL 60661
AT	SANDRA K. BRANDT	500 W. MONROE	CHICAGO, IL 60661

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(9)(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, as changed, on an attachment with an address.

SIGNATURE:

Daniel D. Moore

4/28/95

(904) 396-2517