FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G43419** **(2)**

1. Corporation Name

UNIT DISTRIBUTION OF GEORGIA, INC.

Principal Place of Business	Mailing Address
1800 GULF LIFE TOWER P.O. BOX 6737 JACKSONVILLE FL 32236-6737	1800 GULF LIFE TOWER P.O. BOX 6737 JACKSONVILLE FL 32236-6737

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1983
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	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 / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 58-1518265 ☐ 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 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 HAYES 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S	☒ Change ☐ Addition
NAME	MATSON, J. M	12 NAME	Moore, Daniel D.	
STREET ADDRESS	1800 GULF LIFE TOWER	13 STREET ADDRESS	1301 Riverplace Blvd.	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, Fl. 32207	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	ELSTON, WILLIAM D	22 NAME	Nicosia, Joseph A.	
STREET ADDRESS	1800 GULF LIFE TOWER	23 STREET ADDRESS	1301 Riverplace Blvd.	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, Fl 32207	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, DANIEL D	32 NAME	Moore, Daniel D.	
STREET ADDRESS	1800 GULF LIFE TOWER	33 STREET ADDRESS	1301 Riverplace Blvd.	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, Fl 32207	
TITLE	V	41 TITLE	AS	☐ Change ☐ Addition
NAME	HEINEN, PAUL A	42 NAME	Alonso, Janice M	
STREET ADDRESS	120 SOUTH RIVERSIDE PLAZA	43 STREET ADDRESS	500 W. Monroe	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	Chicago, Il. 60661	
TITLE	T	51 TITLE	T	☒ Change ☐ Addition
NAME	DUNN, E. PAUL	52 NAME	Dunn, E. Paul	
STREET ADDRESS	120 SOUTH RIVERSIDE PLAZA	53 STREET ADDRESS	500 W. Monroe	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	Chicago, Il 60661	
TITLE	AS	61 TITLE	AS	☒ Change ☐ Addition
NAME	LEVIN, JOHN	62 NAME	Levin, John	
STREET ADDRESS	120 SOUTH RIVERSIDE PLAZA	63 STREET ADDRESS	500 W. Monroe	
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	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(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: D. Moore 4/28/95 (904) 396-2517
(Signature and Typed or Printed Name of Signing Officer or Director) Date Telephone Number #
Daniel D. Moore

0084017 CP