

1-24-95 P-276-C 208.75
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **G82946** (6)

1. Corporation Name
DOUBLE EAGLE DISTRIBUTING, INC.

95 JAN 24 PM 2: 56

Principal Place of Business Mailing Address
 % PERCY J. ORTHWEIN II % PERCY J. ORTHWEIN II
 50 LOCK ROAD 50 LOCK ROAD
 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/02/1984	03/15/1994
22		27		4. FEI Number	Applied For
23		28		59-2365790	Not Applicable
24		29		5. Certificate of Status Desired	\$0.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ORTHWEIN, PERCY J., II 50 LOCK RD. DEERFIELD BEACH FL 33441				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			
				B5 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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHWEIN, JAMES B., JR.	1.2 NAME	
STREET ADDRESS	3560 POLO DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULFSTREAM FL	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHWEIN, PERCY J. II	2.2 NAME	
STREET ADDRESS	543 PALM WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULFSTREAM FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSFALL, JOSEPH	3.2 NAME	
STREET ADDRESS	6051 NW 68TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, MICHAEL E.	4.2 NAME	
STREET ADDRESS	8760 N.W. 18TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

(NO LONGER AN OFFICER)
 REYNOLDS, MICHAEL E.

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: Joseph D. Horsfall JOSEPH D. HORSFALL 1/11/95 (305) 426-2970
Signature and typed or printed name of signing officer or director (Date) (Typed Phone #)