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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H39637

(4)

FLORIDA CARBONIC DISTRIBUTOR, INC.

FILED
Jan 14 1997 8:00am
Secretary of State



Principal Prace of Business * HERBERT V. HINELY 1610 S DIVISION AVE. PO BOX 1070 ORLANDO FL 32805		Mailing Address * HERBERT V. HINELY 1810 S DIVISION AVE. PO BOX 1070						
		ORLANDO FL 32905-472	ORLANDO FL 32905-4726		3. Date Incorporated or Qualified 01/25/1985	3a. Date of Last Report 04/01/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1 47/4		Applied For
11		26			59-2506731		,	Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27						Required
City & State	e.	City & State			Election Campaign Financing Trust Final Contribution	П		May Be
Zip	Country	28	Cou	intrv	Trust Fund Contribution 8. This corporation has lightlity for it	ntangible t		d to Fees
4	25	29	30	,	Florida Statutes	Yes	ax under	5. 100.032,
·1	9. Name and Address of Curre				10. Name and Address of New Reg		gent	
HINE	LY, HERBERT V.	7/13/12		81 Name				
	S DIVISION AVE		ł	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ANDO FL 32805							
				83				
			}	84 City			85 Zij	p Code
				L_L	rporation submits this statement for the p	<u>FL</u>		
	Signature, type dior printed name of registering a	count peut title if applicabile (N	OIL Discotorne	1.4				
12.	OFFICERS A	ND DIRECTORS	13.	a Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
	OFFICERS AI						DIRECTO Change	
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4. I do 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 angual 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 trusted 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jan. 6, 1997 (407) 425-464