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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H39637** (4)

1. Corporation Name
FLORIDA CARBONIC DISTRIBUTOR, INC.

Principal Place of Business
**% HERBERT V. HINELY
1610 S DIVISION AVE. PO BOX 1070
ORLANDO FL 32805**

Mailing Address
**% HERBERT V. HINELY
1610 S DIVISION AVE. PO BOX 1070
ORLANDO FL 32805-4726**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1985

3a. Date of Last Report

04/01/1996

4. FEI Number

59-2506731

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**

10. Name and Address of New Registered Agent

**HINELY, HERBERT V.
1610 S DIVISION AVE
ORLANDO FL 32805**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HINELY, HERBERT V.**
STREET ADDRESS **1610 S DIVISION AVE**
CITY - ST - ZIP **ORLANDO FL**

11 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **HINELY, J. VERNON**
STREET ADDRESS **1610 S DIVISION AVE**
CITY - ST - ZIP **ORLANDO FL**

12 NAME ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **HINELY, PATRICIA J**
STREET ADDRESS **1610 S DIVISION AVE**
CITY - ST - ZIP **ORLANDO FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088848

CR2E034 (9/96)