

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90151 026 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H45825**

1. Corporation Name
INGRAM PRODUCTS, INC.

Principal Place of Business 4949 SUNBEAM RD BLDG 12 JACKSONVILLE FL 32257 US	Mailing Address 4949 SUNBEAM RD BLDG 12 JACKSONVILLE FL 32257 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/06/1985	4. FEI Number 59-2646673	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent JACOBSON, SAMUEL S. 2902 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name IRVIN, WILLIAM A. 82 Street Address (P.O. Box Number is Not Acceptable) 4949 SUNBEAM ROAD BUILDING 12 83 84 City JACKSONVILLE FL 85 Zip Code 32257
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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 William A. Irvin **WILLIAM A. IRVIN, DIRECTOR** 4/19/99
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, CLIFFORD	1.2 NAME	WILLIAM A. IRVIN
STREET ADDRESS	RT. 1, BOX N967	1.3 STREET ADDRESS	4949 SUNBEAM ROAD BLDG 12
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	JACOBSON, SAMUEL S.	2.2 NAME	
STREET ADDRESS	2902 INDEPENDENT SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	ARLINGTON, KAREN J	3.2 NAME	
STREET ADDRESS	637 CAMELLIA TERR CT N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH FL 32266	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: William A. Irvin **WILLIAM A. IRVIN** 4/19/99 904/733-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0044301

CR2E034 (1/1/98)