

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 004 ***150.00

DOCUMENT # H55368

1. Corporation Name

SEMINOLE DISTRIBUTORS, INC.

Principal Place of Business

1030 SUNSHINE LANE
ALTAMONTE FL 32714
US

Mailing Address

1030 SUNSHINE LANE
ALTAMONTE FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1985

4. FEI Number

59-2540011

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 P.O. Box 2248

2a. Mailing Address

26 P.O. Box 2248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK FL.

City & State

28 WINTER PARK FL.

Zip

24 32790

Country

25 U.S.A.

Zip

29 32790

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SWINDLE, CARY P
1030 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

SWINDLE, CARY P.

82 Street Address (P.O. Box Number is Not Acceptable)

451 ALBERTA DRIVE

83

84 City

WINTER PARK

FL

85 Zip Code
32789

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

Cary P. Swindle

Cary P. Swindle

3-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME SWINDLE, CARY
STREET ADDRESS 1030 SUNSHINE LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE V ☒ DELETE

NAME SCHIPPER, JACK
STREET ADDRESS 1030 SUNSHINE LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME SWINDLE, CARY
1.3 STREET ADDRESS 451 ALBERTA DRIVE
1.4 CITY-ST-ZIP WINTER PARK FL. 32789

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Cary P. Swindle

Cary P. Swindle

3-1-99

(407)-644-9834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)