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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:12

DOCUMENT # **H76492** (8)

1. Corporation Name
GILA DISTRIBUTING INC.

Principal Place of Business	Mailing Address
C/O CALVIN J. HILL 6601 LYONS RD #02 G 3 COCONUT CREEK FL 33073	C/O CALVIN J. HILL 6601 LYONS RD #02 COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/18/1985	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2601357	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6601 LYONS ROAD	26 6601 LYONS ROAD
Suite, Apt. #, etc. 22 G-3	Suite, Apt. #, etc. 27 G-3
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, RICHARD I. 6601 LYONS RD #02 G 3 COCONUT CREEK FL 33073	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 6601 LYONS ROAD G-3 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	THOMPSON, RICHARD I. 4100 N. POWERLINE RD P-9 POMPANO BEACH FL	1.1 TITLE THOMPSON RICHARD I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	6601 LYONS ROAD G-3
CITY - ST - ZIP		14 CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE P	HILL, J. CALVIN 125 ROBERTS LAKE ROAD BALL GROUND GA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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 119.07(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 address.

SIGNATURE: Richard Thompson **RICHARD THOMPSON** 2-15-95 305/928-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR