

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # H82565 (3)
1. Corporation Name
DKF DISTRIBUTORS, INC.



Principal Place of Business Mailing Address
% KATHLEEN STEWART FREY
309 HUNTERS POINT COURT
LONGWOOD FL 32779
% KATHLEEN STEWART FREY
309 HUNTERS POINT COURT
LONGWOOD FL 32779-2201

2. Principal Place of Business 2a. Mailing Address
21 108 Rockingham Ct. 26 P.O. Box 915721
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Longwood, FL 28 Longwood, FL
Zip Country Zip Country
24 32779 25 Seminole 29 32791 30 Seminole

3. Date Incorporated or Qualified 3a. Date of Last Report
10/25/1985 05/01/1996
4. FEI Number Applied For
59-2611269 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FREY, KATHLEEN STEWART
309 HUNTERS POINT COURT
LONGWOOD FL 32779
81 Name...
82 Street Address (P.O. Box Number is Not Acceptable)
108 Rockingham Ct. (new address)
83
84 City Longwood, FL 85 Zip Code 32779

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 *Kathleen S. Frey* DATE
Signature, typed or printed name of registered agent and tick if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME FREY, KATHLEEN STEWART 1.2 NAME
STREET ADDRESS 309 HUNTERS POINT CT. 1.3 STREET ADDRESS
CITY-ST-ZIP LONGWOOD FL 1.4 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ 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 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 *Kathleen S. Frey* 4/23/97 (407) 700-8729

CR2E034 (9/96)