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

PROFIT CORPORATION ANNUAL REPORT

1998



LEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H98490

(6)

C & R DISTRIBUTORS, INC.

## FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						3)( 616)( 816)( 918)( 618)( 61	B(1 B)B(1 (BB)	
% ROD JACKSON P.O. BOX 194 ODESSA FL 33556		% ROD JACKSON P.O. BOX 194 ODESSA FL 33556				DO NOT WRIT	E IN THIS SPACE	
						3. Date Incorporated or Qualified		
 		ta irem as				02/10/1986		
<u> </u>	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt	H ot	Suite, Apt. #, etc				59-2649228		lot Applicable
22 City & State:		27	27			5. Certificate of Status Desired	Fee F	Additional Required
23	:	City & State				6. Election Campaign Financing		May Be
Zip Country		Zip Country				Trust Fund Contribution		i to Fees
24 25		kin '	29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
<u> </u>	9. Name and Address of Curre	1		··		10. Name and Address of New R		H.119
JAI.	KSON, ROD			81	Name			
125	20 JOT EM DOWN LN				Street Add	ress (P.O. Box Number is Not Accepta	ible)	
ODE	ESSA FL 33558			63				
				84	City		FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607 09	502 and 607 1508, Fig	onda Statutes, th	ne above	e-named cor	poration submits this statement for the		its registered
office or re	egistered agent, or both, in the Sta n lamiliar with, and accept the obli	te of Florida. Such ch	ange was autho	rized by	the corpora	ation's board of directors. I hereby acce	opt the appointment a	s registered
SIGNATURE	Signation typed se produktion out registered a	norm and the ordinance to able	dwyn hen	e besend Ans	ol szujábas tem	fred when reinstaing)	JEAG.	
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	DP		DIETE	1.1 THLE	<u> </u>		☐ Change	
NAME	Jackson, Rod		1	1.2 NAME				
STREET ADDRESS	12520 JOT EM DOWN LANE		1	1.3 \$1REE1	ADDRESS			
CITY+ST ZIP	ODESSA FL			1.4 CITY - S	T - ZIP			
THE			DELETE 2	2 1 TALLE			☐ Change	☐ Addition
NAMI			2	2 2 NAME				
STREET ADDRESS			2	23 STREET	ADDRESS			
CHY ST ZIP				2 4 CHY 5	ST - ZIP			
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STREET ADDRESS				43 STREET	ADDRESS			
CITY ST ZIF			1	4 4 CITY - S	j			
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NAME		_		2 NAME				_
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CHY ST ZIP				4 CITY - S				ļ
TITLE				1 TITLE			Change	Addition
NAME			<b>1</b> 6	5 2 NAME	i			
STREET ADDRESS			6	3 STREET	ADDRESS			
CITY ST ZIP			<b>_</b> 6	4 CITY-S	r- ZIP			
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