

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

3-18-95 B-2014-0  
**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Saritra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
 AND  
 FILED**

**95 MAR 10 PM 9:51**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # J31809 (3)**  
 1. Corporation Name  
**GOLDEN EAGLE DISTRIBUTORS, INC.**

Principal Place of Business      Mailing Address  
**% CLINTON ROGER WALLACE**      **% CLINTON ROGER WALLACE**  
**POST OFFICE BOX 709**              **POST OFFICE BOX 709**  
**KEYSTONE HEIGHTS FL 32656**      **KEYSTONE HEIGHTS FL 32656**

9. Date Incorporated or Qualified      9a. Date of Last Report  
**09/05/1986**                              **02/18/1994**

2. Principal Place of Business      2a. Mailing Address  
 21 **4609-B N.W. 6TH ST.**              26 **P.O. BOX 709**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 22 **GAINESVILLE, FL**                  27 **KEYSTONE HTS, FL**  
 City & State                              City & State  
 23 **32609**                                      28 **32656-0709**  
 Zip    Zip  
 Country                                      Country

4. FEI Number      Applied For  
**59-2717039**      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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**WALLACE, CLINTON ROGER**  
**6793 SPRING LAKE VILLAGE**  
**KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLACE, CLINTON ROGER
STREET ADDRESS	6793 SPRING LAKE VILLAGE
CITY-ST-ZIP	KEYSTONE HGTS. FL
TITLE	VD
NAME	WALLACE, NANCY
STREET ADDRESS	6793 SPRING LAKE VILLAGE
CITY-ST-ZIP	KEYSTONE HGTS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: Fancy M. Wallace      3/7/95      (904) 473-2516  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR