

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J74787 (9)**
1. Corporation Name
HURRICANE DISTRIBUTION AND WAREHOUSE COMPANY



Principal Place of Business Mailing Address
P O BOX 10464 **P O BOX 10464**
POMPANO BEACH FL 33061-3464 **POMPANO BEACH FL 33061-6464**
US

2. Principal Place of Business 2a. Mailing Address
21 **1841 N. Powerline Rd.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Pompano Beach, FL** 28
Zip Country Zip Country
24 **33069** 25 **Broward** 29 30

3. Date Incorporated or Qualified **05/26/1987** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2841495** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
KIRKPATRICK JOANN
1841 N POWERLINE RD
POMPANO BCH FL 33069

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

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

(NOTE: Registered Agent signature is required for re-registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	KIRKPATRICK, GEORGE	1841 N POWERLINE RD	POMPANO BCH FL	☐
VP	KIRKPATRICK JOANN	1841 N POWERLINE RD	POMPANO BCH FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐

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)(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: *JoAnn Kirkpatrick* JoAnn Kirkpatrick 2-13-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-960-0665

DATE: OFFICE PHONE:

CR2E034 (12/95)