FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED

DOCUMENT # J82672 (3)

1. Corporate Name

MOODY DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
6708 N. 54TH ST. P.O. BOX 16247-33687 TAMPA FL 33610 US	P.O. BOX 16247 TAMPA FL 33687 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1987	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2824401	☐ 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. The Corporation has/will file(s) for chapter tax under S. 193.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOODY, BARBARA C. 6708 N. 54TH ST. TAMPA FL 33610	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 Section 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: (Typed or printed name of person signing) (If changing Registered Agent, signature of new Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title	D	61 Title	☐ Change ☐ Addition
Name	MOODY, BOYCE	62 Name	
Street Address	11403 ORILLA DEL RIO PL	63 Street Address	
City-State-Zip	TEMPLE TERRACE FL	64 City-State-Zip	
Title	D	65 Title	☐ Change ☐ Addition
Name	MOODY, BARBARA	66 Name	
Street Address	11403 ORILLA DEL RIO PL	67 Street Address	
City-State-Zip	TEMPLE TERRACE FL	68 City-State-Zip	
Title		69 Title	☐ Change ☐ Addition
Name		70 Name	
Street Address		71 Street Address	
City-State-Zip		72 City-State-Zip	
Title		73 Title	☐ Change ☐ Addition
Name		74 Name	
Street Address		75 Street Address	
City-State-Zip		76 City-State-Zip	
Title		77 Title	☐ Change ☐ Addition
Name		78 Name	
Street Address		79 Street Address	
City-State-Zip		80 City-State-Zip	
Title		81 Title	☐ Change ☐ Addition
Name		82 Name	
Street Address		83 Street Address	
City-State-Zip		84 City-State-Zip	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Boyce R. Moody (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) PRESIDENT 4/28/95 (Date) 813 622-8258 (Daytime Phone)

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