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 # **J94121** **(7)**

1. Corporation Name

J D C DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
% MR. FIRST AID P O BOX 147050 GAINESVILLE FL 32614-7050 US	% MR. FIRST AID P O BOX 147050 GAINESVILLE FL 32614-7050 US

3. Date Incorporated or Qualified: **09/25/1987**

3a. Date of Last Report: **05/31/1995**

4. FEI Number: **59-2853016** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUNNINGHAM, DAVID B.
10124 SW 38TH PL
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title if applicable. NOTE: Registered Agent's signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CUNNINGHAM, JAMES P.		1.2 NAME		
STREET ADDRESS	910 JUPITER BLVD NW		1.3 STREET ADDRESS	510 JANUS ROAD N.E.	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CUNNINGHAM, MARIANNE		2.2 NAME		
STREET ADDRESS	910 JUPITER BLUD NW		2.3 STREET ADDRESS	510 JANUS ROAD N.E	
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, DAVID B		3.2 NAME		
STREET ADDRESS	10124 SW 38TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		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		

CR2E034 (12/95)

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)(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: David Cunningham DAVID CUNNINGHAM 4-8-96 352-331-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #