SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K07209 FROSTEF-FREIGHT DISTRIBUTING INC

(5)

APPROVED AND FILED

1997 OCT -3 PH 1: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THOUSE THEIGHT DIOTH				<u> </u>
Principal Place of Business	Mailing Address		- I INDIIOLLI EIL OOIII) IODIO LIOII ECLIO	IOIN DIDAN DEDEE GIDIS DIDIN DIGIN DIDEN EDDE
4226 N. REVELLIE DR.	P.O. BOX 273298			
TAMPA FL 33614	TAMPA FL 33688			
				TE IN THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		12/15/1987 4. FEI Number	05/21/1996 Applied For
21	26		59-2888905	Not Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc.			CR 75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	,	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country	8. This corporation owes or has	paid the current year Intangible
2425	· · · · · · · · · · · · · · · · · · ·	30	Personal Property 1ax due Jui	
	s of Current Registered Agent		10. Name and Address of New F	Registered Agent
TAWNEY, JOHN		B1 Name		Į.
1629 ROWLAND DR		82 Street Add	ress (P.O. Box Number is Not Accept	able)
ODESSA FL 33556				
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Soction	ns 607,0502 and 607,1508, Florida Statuto in the Stale of Florida, Such change was at	s, the above-named corp	poration submits this statement for the	purpose of changing its registered
office of registerett agont, or both, i agent. I am familiar with and recept	in the State of Florida. Such change was at Hie obligations of, Scetion 607.0505, Flor	imorized by the corporal ida Statules.	lion's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	Tourse (D)			9/29/97
Signature Typied or printed nation of		Degistered Agent signature requi		DATE
- N	ICERS AND DIES CTORS	. 13.	ADDITIONS/CHANGES TO OFF	
Affice D	[] DELETE	1.1 TillE		☐ Change ☐ Addition
NAME TAWNEY, JOHN		1.2 NAME	panaap:	21 4 1524
STREET ADDRESS 3008 W SITIOS ST		1.3 STREET ADDRESS	-10/07	/9701071006
CITY-ST-ZIP TAMPA FL	DELFTE	1.4 CHY-S1-7IP	**************************************	3141524 /9701071006 :0.00 **********************************
TITLE	<u>[]</u>	2.1 TITLE		E_T change = = macinon
NAME OTHERS ADDRESS		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2.4 CITY - ST - Z/P 3.1 TO LE		Change Addition
NAME	L. oreer	3.2 NAME		Ell change Ell Anadion
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. City-St-Zip		Λ Ì
TITLE	DELETE	4 1 10TLE		Addition
NAME		4 2 3 4 4 1 6 7		A PLANTAGE
STREET ADDRESS		4.3 STREET ADDRESS	EINSTATEME	MI Die
CHY-ST-ZIP		4.4 CITY - ST- ZIP	Patack dadd menn	-
TIFLE	DELFIE	5.1 TILE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STHEET ADDRESS]
CITY-ST-ZIP		5.4 CITY-S1-ZIP		f
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		į
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY - ST - ZIP		
44 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1			11 0 11 140 07(0)(1) 51 11 01 1	

14. I do hereby certify that the information supplied with this filing 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 of 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, of on an attachment with an address.

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012-890-2126