

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K52575**

(3)

1. Corporation Name

ROYAL PALM DISTRIBUTING, INC.

Principal Place of Business

**C/O DOROTHY KOHRMANN
1512 RIO DE JANEIRO AVENUE
PUNTA GORDA FL 33983
US**

Mailing Address

**8720 ATTALLA AVE
1512 RIO DE JANEIRO AVENUE
NORTH PORT FL 34287
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**TIRRO, PATRICK
8720 ATTALLA AVE
NORTH PORT FL 34287**

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 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature type for individual registered agent (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-ST-ZIP

17 CITY-ST-ZIP

18 CITY-ST-ZIP

19 CITY-ST-ZIP

20 CITY-ST-ZIP

21 CITY-ST-ZIP

22 CITY-ST-ZIP

23 CITY-ST-ZIP

24 CITY-ST-ZIP

25 CITY-ST-ZIP

26 CITY-ST-ZIP

27 CITY-ST-ZIP

28 CITY-ST-ZIP

29 CITY-ST-ZIP

30 CITY-ST-ZIP

31 CITY-ST-ZIP

32 CITY-ST-ZIP

33 CITY-ST-ZIP

34 CITY-ST-ZIP

35 CITY-ST-ZIP

36 CITY-ST-ZIP

37 CITY-ST-ZIP

38 CITY-ST-ZIP

39 CITY-ST-ZIP

40 CITY-ST-ZIP

41 CITY-ST-ZIP

42 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 119.07(3)(g), 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 to an address.

SIGNATURE: **PATRICK TIRRO** *Patrick Tirro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 28, 1996 08:00 AM
Secretary of State



3. Date Incorporated or Qualified **12/19/1988** 3a. Date of Last Report **02/21/1995**
4. FET Number **65-0089171** 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

CR2E034 (12/95)