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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **K58443** **(8)**

1. Corporation Name
C.R.W. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1862 SHANNON LAKE DR. **MIDDLEBURG FL 32068**	**1862 SHANNON LAKE DR.** **MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1989**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-2946732**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, CLIFFORD P., JR. **1500 S. DIXIE HIGHWAY** **#300** **CORAL GABLES FL 33146**	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**WRYE, CHARLES A.**	1.2 NAME	
STREET ADDRESS	**1862 SHANNON LAKE DR.**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**MIDDLEBURG FL**	1.4 CITY-ST-ZIP	
TITLE	**S** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**WRYE, PAULA J.**	2.2 NAME	
STREET ADDRESS	**1862 SHANNON LAKE DR.**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**MIDDLEBURG FL**	2.4 CITY-ST-ZIP	
TITLE	**VP** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**WRYE, RALPH R.**	3.2 NAME	
STREET ADDRESS	**176 CASY COURT**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	3.4 CITY-ST-ZIP	
TITLE	**T** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**WRYE, AUDREY C.**	4.2 NAME	
STREET ADDRESS	**176 CASEY COURT**	4.3 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	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	

14. I 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 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: Charles A. Wrye Charles A. Wrye President 4/9/98 (904) 252-8814

CR2E034 (10/97)