

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K71669 (1)**
1. Corporation Name
D & M DISTRIBUTING CORPORATION OF SARASOTA



Principal Place of Business Mailing Address
% DONALD K. TRAVER
3000 ROSE STREET
SARASOTA FL 34239

3. Date Incorporated or Qualified **03/02/1989** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-2935784** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
TRAVER, DONALD K.
3000 ROSE STREET
SARASOTA FL 34239

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 607.0612 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, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **P TRAVER, DONALD K.**
STREET ADDRESS **3000 ROSE STREET**
CITY - ST - ZIP **SARASOTA FL**
TITLE DELETE
NAME **V TRAVER, MICHAEL J.**
STREET ADDRESS **2923 MARSHALL DR.**
CITY - ST - ZIP **SARASOTA FL**
TITLE DELETE
NAME **D TRAVER, LYNN**
STREET ADDRESS **2923 MARSHALL DR.**
CITY - ST - ZIP **SARASOTA FL**
TITLE DELETE
NAME **D TRAVER, DONNA LOU**
STREET ADDRESS **3000 ROSE STREET**
CITY - ST - ZIP **SARASOTA FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: **Donald K. Traver** *Donald K. Traver* **2/18/94** **1-813-392-4591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (12/95)