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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K97323** (5)

1. Corporation Name

UNIT DISTRIBUTION OF MEMPHIS, INC.

Principal Place of Business

**1301 GULF LIFE DRIVE, STE 1800
JACKSONVILLE FL 32207**

Mailing Address

**1301 GULF LIFE DRIVE, STE 1800
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 1301 Riverplace Blvd.

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

22 Suite 1200

Suite, Apt. #, etc.

27 Suite 1200

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

24 32207

25 USA

29 32207

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title of corporation

Signature, typed or printed name of registered agent and title of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MOORE, DANIEL D
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	T
NAME	DUNN, E. PAUL, JR.
STREET ADDRESS	120 RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	DP
NAME	ELSTON, WILLIAM S.
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	MATSON, J. MICHAEL
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	AS
NAME	LEVIN, JOHN D.
STREET ADDRESS	120 RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	V
NAME	HEINEN, PAUL A.
STREET ADDRESS	120 RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/S/D	☒ Change ☐ Addition
12 NAME	DANIEL D. MOORE	
13 STREET ADDRESS	1301 RIVERPLACE BLVD, SK 1200	
14 CITY ST ZIP	JACKSONVILLE, FL 32207	
21 TITLE	T	☒ Change ☐ Addition
22 NAME	E. PAUL DUNN JR.	
23 STREET ADDRESS	500 W. MONROE	
24 CITY ST ZIP	CHICAGO, IL 60661	
31 TITLE	P/D	☒ Change ☐ Addition
32 NAME	JOSEPH A NICOSIA	
33 STREET ADDRESS	1301 RIVERPLACE BLVD, SK 1200	
34 CITY ST ZIP	JACKSONVILLE, FL 32207	
41 TITLE	D	☒ Change ☐ Addition
42 NAME	MICHAEL J. GARDNER	
43 STREET ADDRESS	1301 RIVERPLACE BLVD, SK 1200	
44 CITY ST ZIP	JACKSONVILLE, FL 32207	
51 TITLE	AS	☒ Change ☐ Addition
52 NAME	JOHN D. LEVIN	
53 STREET ADDRESS	500 W. MONROE	
54 CITY ST ZIP	CHICAGO, IL 60661	
61 TITLE	AT	☒ Change ☐ Addition
62 NAME	SANDRA K. BRANDT	
63 STREET ADDRESS	500 W. MONROE	
64 CITY ST ZIP	CHICAGO, IL 60661	

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel D. Moore

4/28/95

(904) 396-2517