

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K97323 (5)

1. Corporation Name

UNIT DISTRIBUTION OF MEMPHIS, INC.



Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

3. Date Incorporated or Qualified  
06/22/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number

59-2957037

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE

NAME MOORE, DANIEL D  
STREET ADDRESS 1800 GULF LIFE TOWER  
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☒ DELETE

NAME DUNN, E. PAUL, JR.  
STREET ADDRESS 500 W MONROE  
CITY-ST-ZIP CHICAGO IL

TITLE PD ☐ DELETE

NAME NICOSIA, JOSEPH A  
STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME GARDNER, MICHAEL J  
STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE

NAME LEVIN, JOHN D.  
STREET ADDRESS 500 W MONROE  
CITY-ST-ZIP CHICAGO IL

TITLE AT ☐ DELETE

NAME BRANDT, SANDRA K  
STREET ADDRESS 500 W MONROE  
CITY-ST-ZIP CHICAGO IL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(904)396-2517

Daytime Phone #

CR2E034 (12/95)