## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # L23396  1. Erisy, Name BEACH DISTRIBUTING, INC.    Making Address   S39 SM CHRISTOPHER DRIVE   DINEDIN, FL 34698	ANNUAL REPORT					Apr 24, 2000 00:0			
DO NOT WRITE IN THIS SPACE    DO NOT WRITE IN THIS SPACE   DI032008   No City-P   CR2E034 (11/05)	1. Entity Name	5 <b>`</b> ◆				ľ	Secretai	ry of St	
DO NOT WRITE IN THIS SPACE  4. FEI Number	539 SAN CHRISTOPHER DRIVE	539	SAN CHRISTOPHER DRIVE				Alah kali atak biak di		
GASSMAN, ALAN S. 1212 COURT STREET SUITE B CLEARWATER, FL 34616  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plotide. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Suprison, typed or printed name of registered agent and the fi apphase.   Falle NOWITI FEE 19 \$150.00	DO NOT WRITE IN THIS SPA			CE	01032008 4. FEI Numb 59-297	No Chg-P er 2950	CR2E034 (11/	Applied For Not Applicable Additional	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  DV  NAME STREET ADDRESS CITY-ST-ZIP TITLE  MAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP	GASSMAN, ALAN S. 1212 COURT STREET SUITE B CLEARWATER, FL 34616  8. The above named entity submits this state the obligations of registered agent.			ed affice or reg	IN .	THIS SP	ACE	with, and accept	
10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOWIII FEE IS \$150.00 9. Election Campaign Final			cing	\$5.00 May Be	U00000 05/13/08		158.00	
TIDE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR.	DRS			NOT W	RITE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

lend Deach

april 23, 2018

727-733-6649