2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L68917

1. Entity Name
FOULKE DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
295 CANOPY ROAD MONTICELLO, FL 32344-352 US	295 CANOPY ROAD MONTICELLO, FL 32344-352 US

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3010473	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANDERS, STEPHEN M
6487 JUSTIN GRANT TRAIL
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000785286
01/16/08-80090-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDERS, STEPHEN M
STREET ADDRESS	6487 JUSTIN GRANT TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	PDS
NAME	FOULKE, DONALD A
STREET ADDRESS	295 CANOPY ROAD
CITY-ST-ZIP	MONTICELLO, FL 323449352
TITLE	VP
NAME	FOULKE, KAREN
STREET ADDRESS	295 CANOPY RD
CITY-ST-ZIP	MONTICELLO, FL 32344352
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _(signature)_ DonAld A. Foulke   1-15-08   850-556-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #