

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68917

FILED
Mar 27, 2009
Secretary of State

Entity Name: FOULKE DISTRIBUTING, INC.

Current Principal Place of Business:

295 CANOPY ROAD
MONTICELLO, FL 32344352 US

New Principal Place of Business:

295 CANOPY ROAD
MONTICELLO, FL 32344 US

Current Mailing Address:

295 CANOPY ROAD
MONTICELLO, FL 32344352 US

New Mailing Address:

295 CANOPY ROAD
MONTICELLO, FL 32344 US

FEI Number: 59-3010473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOULKE, DONALD A
295 CANOPY ROAD
MONTICELLO, FL 32344 US

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.

SIGNATURE: DONALD FOULKE

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MANDERS, STEPHEN M
Address: 6487 JUSTIN GRANT TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: PDS () Delete
Name: FOULKE, DONALD A
Address: 295 CANOPY ROAD
City-St-Zip: MONTICELLO, FL 323449352

Title: VP () Delete
Name: FOULKE, KAREN
Address: 295 CANOPY RD
City-St-Zip: MONTICELLO, FL 32344352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FOULKE, DONALD A
Address: 295 CANOPY ROAD
City-St-Zip: MONTICELLO, FL 32344 US

Title: VP (X) Change () Addition
Name: FOULKE, KAREN
Address: 295 CANOPY RD
City-St-Zip: MONTICELLO, FL 32344 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD FOULKE

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date