FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:51

DOCUMENT # L72237 (5)

1. Corporation Name
FLORIDA DISTRIBUTING SOURCE, INC.

Principal Place of Business	Mailing Address
10108 PARK CT. SAFETY HARBOR FL 34695	10108 PARK CT. SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0210502 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4902 D Creekside Dr.	26 4902D Creekside Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Fl.	City & State 28 Clearwater, Fl.
Zip 24 34620 Country 25 USA	Zip 29 34620 Country 30 USA

9. Name and Address of Current Registered Agent

DURYEA & SLATER, P.A.
36402 US HWY. 19 N.
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name: Gibbons, Tucker, Miller, Whatley & Stein
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd, Suite 1000
83
84 City: Tampa FL 85 Zip Code: 33601-1363

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: Gibbons, Tucker, Miller, Whatley & Stein P.A. By: Jacqueline B. Whatley   DATE: 5-17-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1 1 TITLE	☐ Change ☐ Addition
NAME	EATON, ROBERT K.	1 2 NAME	
STREET ADDRESS	908 HARBOUR HOUSE DRIVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635	1 4 CITY - ST - ZIP	
TITLE	DP	2 1 TITLE	☐ Change ☐ Addition
NAME	EATON, KAREN K.	2 2 NAME	
STREET ADDRESS	908 HARBOUR HOUSE DRIVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	REMITTED BY MAY 1
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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: Karen Eaton KAREN EATON   4-13-95   813-571-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0366374 CP