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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L72237** **(5)**

1. Corporation Name
FLORIDA DISTRIBUTING SOURCE, INC.

Principal Place of Business	Mailing Address
4902 D CREEKSIDE DR CLEARWATER FL 34620 US	4902 D CREEKSIDE DR CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990

2. Principal Place of Business 21: 14038 63rd Way N.	2a. Mailing Address 26: 14038 63rd Way N.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Clearwater, FL	City & State 28: Clearwater, FL
Zip 24: 33760 Country 25:	Zip 29: 33760 Country 30:

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBBONS, TUCKER M WHATLEY
101 E KENNEDY BLVD
STE 1000
TAMPA FL 33601

10. Name and Address of New Registered Agent

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 _____ DATE
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 ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	EATON, ROBERT K.	1.2 NAME	
STREET ADDRESS	908 HARBOUR HOUSE DRIVE	1.3 STREET ADDRESS	18832 Gulf Blvd
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	1.4 CITY-ST-ZIP	Indian Shores, FL 33785
TITLE	DP ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	EATON, KAREN K.	2.2 NAME	
STREET ADDRESS	908 HARBOUR HOUSE DRIVE	2.3 STREET ADDRESS	18832 Gulf Blvd
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	2.4 CITY-ST-ZIP	Indian Shores, FL 33785
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert K Eaton 2/2/98 813-531-1918