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

APPROVED AND FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L76593** **(7)**

1. Corporation Name
A & J DISTRIBUTING CORPORATION

Principal Place of Business	Mailing Address
% A. JEFF RUBEN 5841 67 AVE N PINELLAS PARK FL 34665	% A. JEFF RUBEN 5841 67 AVE N PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6741 102 AVE N.	26 6741 102 AV N
Suite, Apt. #, etc. 22 UNIT #1	Suite, Apt. #, etc. 27 UNIT #1
City & State 23 Pinellas Park FL	City & State 28 Pinellas Park FL
Zip 24 34666 Country 25 Pinellas	Zip 29 34666 Country 30 Pinellas

4. FEI Number: 59-3015354 ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBEN, A. JEFF 5841 67 AVE N PINELLAS PARK FL 34665	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 mail-in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	RUBEN, A. JEFF	12 NAME	RUBEN, A JEFF
STREET ADDRESS	~~5841 67 AVE N~~	13 STREET ADDRESS	6741 102 AV N UNIT #1
CITY ST ZIP	~~PINELLAS PARK FL~~	14 CITY ST ZIP	PINELLAS PARK, FL 34666
TITLE	VP	21 TITLE	VP ☑ Change ☐ Addition
NAME	RUBEN, ANNE E.	22 NAME	RUBEN, ANNE E
STREET ADDRESS	~~5841 67 AVE N~~	23 STREET ADDRESS	6741 102 AV N UNIT #1
CITY ST ZIP	~~PINELLAS PARK FL~~	24 CITY ST ZIP	Pinellas Park FL 34666
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Anne E. Ruben Anne E. Ruben 4-28-95 (813) 545 2584
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384478 CP