

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L76593 (7)

1. Corporation Name

A & J DISTRIBUTING CORPORATION



Principal Place of Business

Mailing Address

~~6741 102 AVE N.~~  
~~UNIT 1~~  
~~PINELLAS PARK FL 34666~~  
~~US~~

~~6741 102 AVE N~~  
~~UNIT 1~~  
~~PINELLAS PARK FL 34666~~  
~~US~~

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6229 72 AV North

26 6229 72 AV N

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Pinellas Park FL

28 City & State

Pinellas Park, FL

24 Zip

34665

25 Country

USA

29 Zip

34665

30 Country

USA

4. FEI Number

59-3015354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBEN, A. JEFF  
5841 67 AVE N  
PINELLAS PARK FL 34665

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature Required When Not Filing)

(DATE)

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS                     | CITY - ST - ZIP  | <input type="checkbox"/> DELETE |
|-------|----------------|------------------------------------|------------------|---------------------------------|
| P     | RUBEN, A. JEFF | <del>6741 102 AVE N., UNIT 1</del> | PINELLAS PARK FL | <input type="checkbox"/>        |
| VP    | RUBEN, ANNE E. | <del>6741 102 AVE N., UNIT 1</del> | PINELLAS PARK FL | <input type="checkbox"/>        |
|       |                |                                    |                  | <input type="checkbox"/>        |
|       |                |                                    |                  | <input type="checkbox"/>        |
|       |                |                                    |                  | <input type="checkbox"/>        |
|       |                |                                    |                  | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|--------------------|--|
|          |         | 6229 72 AVE N.    |                    |  |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         | 6229 72 AVE N     |                    |  |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|          |         |                   |                    |  |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|          |         |                   |                    |  |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|          |         |                   |                    |  |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|          |         |                   |                    |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (813) 545-2584

(813) 545-2584

CR2E034 (12/95)