

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # **L83732** (2)
1. Corporation Name
INTERCOASTAL DISTRIBUTORS OF ORANGE COUNTY, INC.

Principal Place of Business
**1740 S SEGRAVE ST
SOUTH DAYTONA FL 32119-2124**

Mailing Address
**1740 S SEGRAVE ST
SOUTH DAYTONA FL 32119-2124**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/21/1990

3a. Date of Last Report
01/30/1996

4. FEI Number

59-3026523

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

9. Name and Address of Current Registered Agent

**MAHONEY, JOHN T
1740 S SEGRAVE ST
SOUTH DAYTONA FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD MAHONEY, JOHN T.**
STREET ADDRESS **4245 S. ATLANTIC AVE.**
CITY-ST-ZIP **WILBUR BY THE SEA FL**

TITLE ☐ DELETE
NAME **VD MAHONEY, PATRICK J.**
STREET ADDRESS **1860 LASBURY**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME **VD WATSON, JOBBE R., JR.**
STREET ADDRESS **1250 WOODMERE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME **SD STONE, STEPHEN J.**
STREET ADDRESS **4038 S PENINSULA DR**
CITY-ST-ZIP **WILBUR BY THE SEA FL**

TITLE ☐ DELETE
NAME **TD MAHONEY, DOUGLAS P.**
STREET ADDRESS **10107 BENNINGTON**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Mahoney

Date

Daytime Phone #

4-19-97 904/761-7454

CR2E034 (9/96)