

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90039 028 ***150.00

DOCUMENT # L83732

1. Corporation Name

INTERCOASTAL DISTRIBUTORS OF ORANGE COUNTY, INC.

Principal Place of Business

2000 N ORANGE BLOSSOM TRAIL
SOUTH DAYTONA FL 32804
US

Mailing Address

1740 S SEGRAVE ST
SOUTH DAYTONA FL 32119-2124



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4000 N ORANGE BLOSSOM

Suite, Apt. #, etc.

22 TRAIL

City & State

23 C ORLANDO FL

Zip

24 32804

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME MAHONEY, PATRICK J.
STREET ADDRESS 1660 LASBURY
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ DELETE

NAME WATSON, JOBBE R., JR.
STREET ADDRESS 1250 WOODMERE
CITY-ST-ZIP WINTER PARK FL

TITLE SD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Mahoney

4/19/99 904/761-7454

Date

Daytime Phone #

CR2E034 (11/98)