## 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

| <ol> <li>Corporation</li> </ol>  | E TOWELL DISTRIBUTORS   | ` '                               |   |   |                                       |
|--|---|-----------------------------------|---|---|---------------------------------------|
| P.O. BOX 159 1131 N.W. 9TH STREET BELLE GLADE FL 33430 P.O. BOX 159 1131 N.W. 9TH STREET BELLE GLADE FL 33430-13 |   |                                   | 19  |   |                                       |
|  |   |                                   |   | 3. Date Incorporated or Qualified 09/06/1990            | 3a. Date of Last Report<br>05/31/1996 |
| 2. Principal Pa  | ace of Business   | 2a. Mailing Address               |   | 4. FEt Number   | Applied For                           |
| Suite, Ant   | # ate   | 26 Suite, Apt. #, etc.            |   | 65-0214869  | Not Applicable                        |
| 22   | #, *tto   | 27                                |   | <ol><li>Certificate of Status Desired</li></ol>         | \$8.75 Additional Fee Required        |
| City & State   | 9   | City & State                      | 19915   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees           |
| Zip<br><b>24</b>   | Country 25  | Zip                               | Country   | 8. This corporation has liability for int               |                                       |
| 24   | 9. Name and Address of Currer   |                                   | , , , , , , , , , , , , , , , , , , ,   | 10. Name and Address of New Regi                        |                                       |
| 1131   | Vell, george L.<br>1 North West 9th Street<br>Le Glade Fl 33430   |                                   | <ul> <li>81 Name</li> <li>82 Street Add</li> <li>83</li> <li>84 City</li> </ul> | ress (P.O. Box Number is Not Acceptable                 | FL 85 Zip Code ,                      |
| agent. Lar<br>SIGNATURE.   | of the provisions of Sections 60 (April of the State egistered agent, or both, in the State m familiar with, and accept the oblig Signature typed or printed name of registered agent of FFICERS AN | ations of, Section 607.0505, Flor | ida Statutes.<br>Registered Agent signature requi                               |   | DATE                                  |
| 12.  | PST OFFICERS AN   | D DELETE                          | 13.   | ADDITIONS/CHANGES TO OFFICE                             | Change Addition                       |
| NAME   | TOWELL, GEORGE L.   |                                   | 1.2 NAME  |   |                                       |
| STREET ADDRESS   | 1131 NW 9TH STREET  |                                   | 1.3 STREET ADDRESS .  |   |                                       |
| CITY-ST-ZIP  | BELLE GLADE FL  |                                   | 1.4 CITY-ST-ZIP   |   |                                       |
| TITLE  | D conces  | ☐ DÉLETE                          | 21 TITLE  |   | Change Addition                       |
| NAME<br>OZOSEN ADDRESOS  | TOWELL, GEORGE L.<br>1131 NW 9TH STREET   |                                   | 2.2 NAME<br>2.3 STREET ADDRESS  |   |                                       |
| STREET ADDRESS CITY - S1 - ZIP   | BELLE GLADE FL  |                                   | 2. 4 CITY-ST-ZIP  |   |                                       |
| TITLE  |   | DELETE                            | 3.1 TITLE   |   | Change Addition                       |
| NAME   |   |                                   | 3.2 NAME  |   |                                       |
| STREET ADDRESS   |   |                                   | 3 3 STREET ADDRESS  |   |                                       |
| CITY-ST-ZIP  | ,   | ☐ DELETE                          | 3.4. CITY - ST - ZIP  |   | Change Addition                       |
| TITLE  |   | ☐ pcrti¢                          | 4.1 TITLE<br>4. 2 NAME  |   | C change C woolings                   |
| NAME<br>STREET ADURESS   |   |                                   | 4.3 STREET ADDRESS  |   |                                       |
| CHY-ST-ZiP   |   |                                   | 4.4 City-ST-ZIP   |   |                                       |
| TITLE  |   | DELETE                            | 5.1 TITLE   |   | ☐ Change ☐ Addition                   |
| NAME   |   |                                   | 52 NAME   | •   |                                       |
| STREET ADDRESS   |   |                                   | 5.3 STREET ADDRESS  |   |                                       |
| CITY-S1-ZIP  |   |                                   | 5.4 City-ST-ZIP   |   |                                       |
| TITLE  |   | DELETE                            | 6.1 TITLE   |   | ☐ Change ☐ Addition                   |
| NAME   |   |                                   | 6.2 NAME  |   |                                       |
| STREET ADDRESS   |   |                                   | 63 STREET ADDRESS   |   | İ                                     |

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 manged, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 04 1997 8:00am

Secretary of State