

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M17707 (4)

1. Corporation Name
TT DISTRIBUTORS, INC.



Principal Place of Business
% THOMAS E. KINDRED
7938 SW HWY 40
OCALA FL 34482

Mailing Address
% THOMAS E. KINDRED
7938 SW HWY 40
OCALA FL 34482-6227

3. Date Incorporated or Qualified 07/08/1985
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2561541		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Zip		Zip		Country			
24		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KINDRED, THOMAS E. 10291 W HWY 40 OCALA FL 34482				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINDRED, THOMAS E.			1.2 NAME	Kindred, Thomas E.		
STREET ADDRESS	10291 W HWY 40			1.3 STREET ADDRESS	10291 W Hwy 40		
CITY - ST - ZIP	OCALA FL			1.4 CITY - ST - ZIP	Ocala, FL 34482		
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Kindred, Rodney	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KINDRED, THOMAS			2.2 NAME	5785 SW 160th		
STREET ADDRESS	10291 W HWY 40			2.3 STREET ADDRESS	Ocala, FL 34482		
CITY - ST - ZIP	OCALA FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Barber, Debra		
STREET ADDRESS				3.3 STREET ADDRESS	5685 NW 61st		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	Ocala, FL 34482		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Barber, Dana		
STREET ADDRESS				4.3 STREET ADDRESS	5685 NW 61st		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	Ocala, FL 34482		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: Thomas E. Kindred 4/8/97 352.854.0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)