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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

M81723

(2)

SCHELLENBERG DISTRIBUTION COMPANY



Principal Place of	4.F)cinana								
	of Busiless	Mailing Add							
	EN RD., A-16		5711 BOWDEN RD., A-16 JACKSONVILLE FL 32216						
JACKSONVII	LLE FL 32216	JACKS	ONVILLE FL 32	216					
						3. Date Incorporated or Qualified 05/13/1988	3a. Da	ate of Last <b>04/28</b> /	
. Principal Plac	ce of Business	2a. Mailing	Address			4. FE   Number			Applied For
/ ///// /// // // // // // // // //		26				59-2894690			Not Applicable
J	, etc.	Suite, A	Apt. #, etc.			5. Certificate of Status Desired			75 Additional
		27							e Required
City & State		City & S	State			6. Election Campaign Financing Trust Fund Contribution		,	.00 May Be cled to Fees
<u> </u>		28		T 0		This corporation has liability for	or intangible		
Zip T	Country	Zip		Country 30	*		es ∐No	; (ax girooi	3 (00.001)
<u> </u>	9. Name and Address of Curre	29	gent	1301		10. Name and Address of New	Registere	d Agent	
	g, Name and Address of Curre	on registered A	.9	81	Name				
CANDO	S, KEITH M.			100	1 01 - 1 7 7	ress (P.O. Box Number is Not Accep	table)		
	RUDENTIAL DRIVE		82 Street Ad		Street Add	ress (F.O. Box (40) Poet is Not Accely	16170)		
	ONVILLE FL 32207			83	<u> </u>				
JACKS	OHVILLE I E OLEOF			84	City	AND COMPANY OF THE PARTY OF THE		85	Zip Code
						ration submits this statement for the		'L	
	Styrutural typed or printed name of registered agr		(NO)		nt signal ne rektere	est whom reinstating?  ADDITIONS/CHANGES TO C	DATE DEFICERS A		TORS IN 12
12.	OFFICERS A	IND DIRECTORS		13.		ed whom rendefing?  ADDITIONS/CHANGES TO C			
1 <b>2.</b> II.E	OFFICERS A	ND DIRECTORS	DELETE			act whon reinstating ADDITIONS/CHANGES TO C		ND DIREC	
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2. OLE IAME TREET ADDRESS	OFFICERS A	ND DIRECTORS		13. 1. 1 TITLE 1.2 NAME	T ADDRESS	ed whan renstating? ADDITIONS/CHANGES TO C		ND DIREC	reifibbA 🔲 sg
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certify that the information indicated on this annual report or supplied nental annual report is true and accurate and that my signature shall have the same legal erect as it made on to certify 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 charged, or on an array ment pith an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904)448 0/01