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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N36223

1. Corporation Name

COALITION OF MILITARY DISTRIBUTORS, INC.

Principal Place of Business

C/O JAMES N.JULIANA ASSOC.
 1899 L STREET
 WASHINGTON DC 20036
 US

Mailing Address

C/O JAMES N.JULIANA ASSOC.
 1899 L STREET
 WASHINGTON DC 20036
 US



2. Principal Place of Business

21 C/O James Juliana Assoc

Suite, Apt. #, etc.

22 910 17th St. N.W. - Suite 800

City & State

23 Washington DC

Zip

24 20006

Country

2a. Mailing Address

26 C/O James Juliana Assoc.

Suite, Apt. #, etc.

27 910 17th St. N.W. - Suite 800

City & State

28 Washington DC

Zip

29 20006

Country

30

3. Date Incorporated or Qualified

01/22/1990

4. FEI Number

59-2977277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HUELSBECK, HARRY
 4150 WEST BLOUNT STREET
 PENSACOLA FL 32505

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 SD
 NAME MALONE, RONETTE
 STREET ADDRESS PO BOX 821 N/A
 CITY-ST-ZIP BRATTLEBORO VT ☒ DELETE

TITLE TD
 NAME WEBER, NICHOLAS
 STREET ADDRESS 13530 ROSECRANS AVE
 CITY-ST-ZIP SANTA FE SPRINGS CA ☒ DELETE

TITLE VPD
 NAME HUELSBECK, HARRY
 STREET ADDRESS 4150 WEST BLOUNT ST.
 CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE PD
 NAME DOWNEY, ROBERT
 STREET ADDRESS 457 SPACE CENTER DRIVE
 CITY-ST-ZIP SAN ANTONIO TX ☐ DELETE

TITLE CD
 NAME JARED, JERRY
 STREET ADDRESS 3587 ARGONNE AVE
 CITY-ST-ZIP NORFOLK VA 23509 ☒ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
 1.2 NAME Palmgren, Charles
 1.3 STREET ADDRESS PO Box 152
 1.4 CITY-ST-ZIP Collinsville, IL 62234-0152 ☐ Change ☒ Addition

2.1 TITLE TD
 2.2 NAME Jared, Jerry
 2.3 STREET ADDRESS 1033 Kingwood Ave
 2.4 CITY-ST-ZIP Norfolk, VA 23502 ☐ Change ☒ Addition

3.1 TITLE VPD
 3.2 NAME Degginger, Lou
 3.3 STREET ADDRESS 6301 Waterford Blvd
 3.4 CITY-ST-ZIP Oklahoma City, OK 73126-0647 ☐ Change ☐ Addition

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

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

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

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 617, 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

JERRY H. JARED

TREASURER

Date

Daytime Phone #

CR2E037 (11/98)