

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N95000005394 (0)**

1. Corporation Name

SOUTHEAST INDEPENDENT DISTRIBUTORS ASSOCIATION, INC.



Principal Place of Business 2430 TERMINAL DRIVE, SOUTH ST. PETERSBURG FL 33712 US	Mailing Address P. O. BOX 12587 ST. PETERSBURG FL 33733 US
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

3. Date Incorporated or Qualified 11/14/1995
4. FEI Number 59-3458701
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 701 So. Market Ave.	2a. Mailing Address 26 P.O. Box 441
Suite, Apt. #, etc. 22 Ft. Pierce	Suite, Apt. #, etc. 27 Ft. Pierce
City & State 23 FLA.	City & State 28 FLA.
Zip 24 32948	Country 25 U.S.A.
Zip 29 34948	Country 30 U.S.A.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAMAYO, WILLIAM
2430 TERMINAL DRIVE SOUTH
ST. PETERSBURG FL 33712**

81 Name H. ALLEN BALDREGE
82 Street Address (P.O. Box Number is Not Acceptable) 701 So. Market Ave.
83
84 City Ft. Pierce FL 85 Zip Code 32948

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 **H. ALLEN BALDREGE** **H. Allen Baldrege** **4/6/98**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME THOMAS, D.H. TOMMY	
STREET ADDRESS 573 RAILROAD STREET	
CITY - ST - ZIP FAIR BLUFF NC 28439	
TITLE D	<input type="checkbox"/> DELETE
NAME GREGORY, ROWLAND E JR.	
STREET ADDRESS 2430 TERMINAL DRIVE SOUTH	
CITY - ST - ZIP ST. PETERSBURG FL 33712	
TITLE D	<input type="checkbox"/> DELETE
NAME MCNERNEY, ANDY	
STREET ADDRESS 421 LIVE OAK AVE.	
CITY - ST - ZIP DAYTONA BEACH FL 32115-0867	
TITLE D	<input type="checkbox"/> DELETE
NAME POLLACK, ROBERT	
STREET ADDRESS 5750 N.W. 32ND AVE.	
CITY - ST - ZIP MIAMI FL 33142	
TITLE D	<input type="checkbox"/> DELETE
NAME NORTHEY, JIM	
STREET ADDRESS 701 S. MARKET AVE.	
CITY - ST - ZIP FT. PIERCE FL 34949	
TITLE D	<input type="checkbox"/> DELETE
NAME NORTHEY, GLENN	
STREET ADDRESS 701 S. MARKET AVE.	
CITY - ST - ZIP FT. PIERCE FL 34949	

1.1 TITLE V. Penn.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MILKO RADOKOVICH	
1.3 STREET ADDRESS 150-D PENMAN DR.	
1.4 CITY - ST - ZIP RALEIGH, N.C. 28439	
2.1 TITLE Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME PETE ROWE	
2.3 STREET ADDRESS 4102 MEDING RD.	
2.4 CITY - ST - ZIP SAVANNAH GA. 31408	
3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME MICKY BLACKTON	
3.3 STREET ADDRESS 1714 ALDEN AVE.	
3.4 CITY - ST - ZIP ORLANDO, FL. 32803	
4.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Steve Hancock	
4.3 STREET ADDRESS 13117 ALKON RD.	
4.4 CITY - ST - ZIP LOUISVILLE, KY. 40223	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME JOHN M. PENN	
5.3 STREET ADDRESS 900 HWY 54 E.	
5.4 CITY - ST - ZIP FAYETTEVILLE, GA. 30214	
6.1 TITLE Bill Kirk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME P.O. Box 70158	
6.3 STREET ADDRESS Charleston, S.C. 29415	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **H. Allen Baldrege** **4/6/98** **561-466-3441**

CR2E037 (10/97)