

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 037 ****70.00

DOCUMENT # N95000005394

1. Corporation Name

SOUTHEAST INDEPENDENT DISTRIBUTORS ASSOCIATION,
INC.

Principal Place of Business

701 SO MARKET AVE
FT PIERCE FL 32948
US

Mailing Address

P. O. BOX 4411
FT PIERCE FL 34948
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

59-3458701

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BALDREC, H. ALLEN
701 SO MARKET AVE
FT PIERCE FL 32948

10. Name and Address of New Registered Agent

81 Name

H. ALLEN BALDREC

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

83

84 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 VP ☐ DELETE

NAME RADOKOVICH, MILO
STREET ADDRESS 150-D PENMARC DR
CITY-ST-ZIP RALEIGH NC 28439

TITLE D ☒ DELETE

NAME GREGORY, ROWLAND E JR.
STREET ADDRESS 2430 TERMINAL DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE D ☒ DELETE

NAME MCNERNEY, ANDY
STREET ADDRESS 421 LIVE OAK AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32115-0667

TITLE D ☐ DELETE

NAME POLLACK, ROBERT
STREET ADDRESS 5750 N.W. 32ND AVE.
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME NORTHEY, JIM
STREET ADDRESS 701 S. MARKET AVE.
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE D ☐ DELETE

NAME NORTHEY, GLENN
STREET ADDRESS 701 S. MARKET AVE.
CITY-ST-ZIP FT. PIERCE FL 34949

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME DAVID O'Donnell
1.3 STREET ADDRESS 46385 Continental Dr.
1.4 CITY-ST-ZIP Chesterfield, MI. 48049

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME JOHN M. PENA
2.3 STREET ADDRESS 700 Highway 54 East
2.4 CITY-ST-ZIP Fayetteville, GA. 30214

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME PAUL Tillotson
3.3 STREET ADDRESS P.O. Box 53615
3.4 CITY-ST-ZIP ORLANDO, FL. 32803

4.1 TITLE Sec./ Treasurer ☐ Change ☒ Addition

4.2 NAME Pate Rowe
4.3 STREET ADDRESS 4102 Medins Rd.
4.4 CITY-ST-ZIP SAVANNAH, GA. 21405

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Beachen Webb
5.3 STREET ADDRESS P.O. Box 2047
5.4 CITY-ST-ZIP FAIRBORN, OH. 45324

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME TOM GANNON
6.3 STREET ADDRESS 4825 N.W. 6th Dr.
6.4 CITY-ST-ZIP DEER MOBILE, IA.

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
H. ALLEN BALDREC

Date

7-4-99

Daytime Phone #

561-461-3461

0011468

CR2E037 (5/99)