

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00440 (8)

1. Corporation Name

H.B.A. DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

7431-114TH AVE. N. #107
LARGO FL 34643-5126

7431-114TH AVE. N. #107
LARGO FL 34643-5126

3. Date incorporated or Qualified

12/29/1983

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 7431 114th Ave N.

26 7431 114th Ave north

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #107

27 #107

City & State

City & State

23 Largo, FL

28 Largo, FL

Zip Country

Zip Country

24 34643-5126

29 34643-5126

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUNK, DANIEL J
500 S. BELCHER RD.
APT. #148
LARGO FL 34641

81 Name Stephen R. Pohlit
82 Street Address (P.O. Box Number is Not Acceptable) 7431 114th Ave N. STE. 107
83
84 City Largo FL 85 Zip Code 34634

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 9/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GADDIS, JERRY W
STREET ADDRESS 1501 GULF BLVD. STE. 530
CITY-ST-ZIP CLEARWATER FL 34630

1.1 TITLE PD
1.2 NAME Gaddis, Jerry
1.3 STREET ADDRESS 1501 Gulf Blvd. STE 530
1.4 CITY-ST-ZIP Clearwater, FL 34630

TITLE CD
NAME POHLIT, STEPHEN R
STREET ADDRESS 7431 114TH AVE. N. STE. 104
CITY-ST-ZIP LARGO FL 34634

2.1 TITLE CD
2.2 NAME Pohlit, Stephen
2.3 STREET ADDRESS 7431 114th Ave N. STE 107
2.4 CITY-ST-ZIP Largo, FL 34634

TITLE D
NAME FUNK, DANIEL J
STREET ADDRESS 500, S. BELCHER RD. APT. 148
CITY-ST-ZIP LARGO FL 34641

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SCHONOVER, BRAN K
STREET ADDRESS 3660 E. BAY DR. #1211
CITY-ST-ZIP LARGO FL 34641

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

TITLE V
NAME LYBBERT, SCOTT
STREET ADDRESS 7431-114TH AVE. N. #104
CITY-ST-ZIP LARGO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)