

Apr. 28. 2004 11:50AM

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90737 014 ***150.00

DOCUMENT # P03000031602 1. Entity Name QUALITY DISTRIBUTORS INTERNATIONAL, INC.					
Principal Place of Business 4700 NORTH HABANA AVENUE SUITE 300 TAMPA, FL 33614			Mailing Address 4700 NORTH HABANA AVENUE SUITE 300 TAMPA, FL 33614		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1052924	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent CARR, DAVID M 600 MADISON STREET TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete WOOD, GARY L 4700 NORTH HABANA AVENUE SUITE 300 TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Gary L. Wood President 4/28/2004 870-0392 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					