

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



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

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90072 024 ***150.00

DOCUMENT # P06505 (2)

1. Corporation Name

MARKET DISTRIBUTION SPECIALISTS, INC.

Principal Place of Business

640 HILLCREST RD.
P.O. 459
LILBURN GA 30226

Mailing Address

640 HILLCREST RD.
P.O. 459
LILBURN GA 30226

3. Date Incorporated or Qualified
06/21/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
58-1622677

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

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 215 CENTER PARK DR

2a. Mailing Address

26 215 CENTER PARK DR.

Suite, Apt. #, etc.

22 1200

Suite, Apt. #, etc.

27 1200

City & State

23 KNOXVILLE, TN

City & State

28 KNOXVILLE, TN

Zip

24 37922

Country

25 USA

Zip

29 37922

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME WILLOUGHBY, JANICE GAIL
STREET ADDRESS 640 HILLCREST RD.
CITY-ST-ZIP LILBURN GA

TITLE PD ☐ DELETE
NAME THORNTON, ROBERT LAIRD
STREET ADDRESS 640 HILLCREST RD.
CITY-ST-ZIP LILBURN GA

TITLE VP ☒ DELETE
NAME JEFFREY, MOE L.
STREET ADDRESS 203 W. BAYWOOD AVE.
CITY-ST-ZIP ORANGE CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 215 CENTER PARK DR #1200
1.4 CITY-ST-ZIP KNOXVILLE, TN 37922

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 215 CENTER PARK DR #1200
2.4 CITY-ST-ZIP KNOXVILLE, TN 37922

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 MAY 00

865 7772

CR2E034 (12/95)