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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # P09622 (2)

1. Corporation Name
SANDUSKY DISTRIBUTING COMPANY, INC.

Principal Place of Business
11012 AURORA HUDSON RD
STREETSBORO OH 44241-1629
US

Mailing Address
11012 AURORA HUDSON RD
STREETSBORO OH 44241-1629
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report 04/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-1045148	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, EDWIN Z.	1.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	1.4 CITY- ST- ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, HARRY	2.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	2.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, PHILLIP B.	3.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	3.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, DONALD	4.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LARRY	5.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORUM, KENNETH	6.2 NAME	
STREET ADDRESS	11012 AURORA HUDSON RD	6.3 STREET ADDRESS	
CITY- ST- ZIP	STREETSBORO OH	6.4 CITY- ST- ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Harris VP/CONTROLLER 4/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone # _____

CR2E034 (9/96)