## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

SANDUSKY DISTRIBUTING COMPANY, INC.

**FILED** May 21 1998 8:00am Secretary of State



						_			
Principal Place of Business Mailing Address							<b>A(B() A(B)) A(A)</b> ( <b>A(B</b> ))	569ft 148f	
11012 AURORA HUDSON RD 11012 AUORA H			SON RD						
STREETSBORO OH 44241-1629 US		STREETSBORO OH 44241-1629 US				DO NOT WRITE IN THIS SPACE			
08		03				3. Date Incorporated or Qualified			
						04/01/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26 11012 AVR	RA F	wos go	( <del>)</del> ).	34-1045148	Not	Applicable	
Suite, Apt. #, e1c.		Suite, Apt. #, etc.?				5. Certificate of Status Desired	\$8.75 A	iditional	
22		27				G. Collingate of Status Desired	Fee Req	ulred	
City & State		City & State				6. Election Campaign Financing	\$5.00 N		
23		Zip Country				Trust Fund Contribution	Added to	Fees	
Zip				5. This corporation owes or has paid the cultivity year intangule					
24	25   2. Name and Address of Current	29 Pagletered Agent	[30]			Personal Property Tax due June 30.  10. Name and Address of New Register		No .	
CT	CORPORATION SYSTEM	Hohistelen Wallt		81 Name	·····	10. Halle and Address of New Register	ou Agent		
	00 S. PINE ISLAND ROAD								
	ANTATION FL 33324			82 Street	Addre	ress (P.O. Box Number is Not Acceptable)			
, ,	ANTA 11011 I E 33324			83					
				<b>84</b> City			65 Zip Ci		
				City		F	EL 85 Zip Ci	XIB	
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 rogistered agent and title it applicable. (NOTL: Re				Agent signatur	e required	d when reinstaving) DAT			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	SINGER, EDWIN Z.	DELETE 1.1 TO			1		L Change	Addition	
NAME	11012 AURORA HUDSON RD			1.2 NAME					
STREET ADDRESS	\$TREETSBORO OH			REET ADDRESS					
CITY-ST-ZIP TITLE			IY-ST-ZIP	<del> </del>		Change	Addition		
NAME	ONOTO LIADOV		2.1 TO				Change	L Addition	
· · · · · ]	11012 AURORA HUDSON RD		2.2 NA						
STREET ADDRESS	STREETSBORO OH			REET ADDRESS	1			•	
CITY-ST-ZIP TITLE				2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME	BINOCO OLIILLIO D					L. J Ullange	- Addition		
STREET ADDRESS	44040 AUDODA HUDOON OD								
	STREETSBORO OH	PRETORADA AU		REET ADDRESS					
CITY-ST-ZIP TITLE	V	DELETE	4.1 TII	TY-ST-Z#P	<del> </del>		Change	Addition	
NAME	HARRIS, LARRY		4. 2 N				Drange		
STREET ADDRESS	11012 AURORA HUDSON RD			reet address				f	
	STREETSBORO OH								
CITY-ST-ZIP TITLE	V	DELETE	4.4 CI	Y-ST-ZIP	+		Change	Addition	
NAME	CORUM, KENNETH	- DECEME	5.2 NA				La Village		
STREET ADDRESS	11012 AURORA HUDSON RD			reet address					
	STREETSBORO OH								
CITY-ST-ZIP TITLE	THE VOID VII	☐ DELETE	6.1 TH	Y - ST - <b>Z</b> IP	<del> </del>		Change	Addition	
NAME			6.2 NA				Fri Augusta		
				ME REET ADDRESS				ļ	
STREET ADDRESS									
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP	1				

14. Thereby 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 suppliemental 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.

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