

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09851** (7)
1. Corporation Name
ORDERS DISTRIBUTING COMPANY, INC.

Principal Place of Business 501 CONGAREE ROAD 3600 SHADER ROAD ORLANDO FL 32808 US	Mailing Address 501 CONGAREE ROAD P.O. BOX 17189 GREENVILLE SC 29607-3515 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/21/1986	
				4. FEI Number 57-0350763	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
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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 NAME STREET ADDRESS CITY-ST-ZIP	V COOK, TIMOTHY C 103 LYNN DRIVE TRINITY NC	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman/Treasurer William H. Orders 9 Mount Vere Court Greenville, SC 20607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, C. MICHAEL 101 CHAMBERLAIN COURT GREENVILLE SC	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Wiley H. Johnson 105 Meadowcreeper Court Greer, SC 29650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORDERS, CAROLYN L 9 MOUNT VERE COURT GREENVILLE SC	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V Jim Kelley 100 Meridian Avenue Greenville, SC 29687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NANCY O 101 CHAMBERLAIN COURT GREENVILLE SC	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, DAVID H 414 BISHOP DR MAULDIN SC	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULLIAM, MAURY 2172 TURKEY RUN WINTER PARK FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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: Lynn M. Mancino Accounting Mgr *Lynn M. Mancino*

3/15/98 864-288-3090

CR2E034 (10/97)