


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90066 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P09851**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/21/1986	57-0350763	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country			
24	29			
	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, TIMOTHY C	1.2 NAME	WILEY H. JOHNSON
STREET ADDRESS	103 LYNN DRIVE	1.3 STREET ADDRESS	105 NEADOWCREEK COURT
CITY-ST-ZIP	TRINITY NC	1.4 CITY-ST-ZIP	GREER, SC 29650
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, C. MICHAEL	2.2 NAME	JIM KELLEY
STREET ADDRESS	101 CHAMBERLAIN COURT	2.3 STREET ADDRESS	100 MERIDIAN AVENUE
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	GREENVILLE, SC 29687
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ORDERS, CAROLYN L	3.2 NAME	
STREET ADDRESS	9 MOUNT VERE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY O	4.2 NAME	
STREET ADDRESS	101 CHAMBERLAIN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID H	5.2 NAME	
STREET ADDRESS	414 BISHOP DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAULDIN SC	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLIAM, MAURY	6.2 NAME	
STREET ADDRESS	2172 TURKEY RUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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, with all other like empowered.

**SIGNATURE:** Lynn M. Mancini *Lynn M. Mancini* 3/24/99 864-288-3090 ext 220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DAVID H. WILLIAMS David H Williams* 4/14/99

CR2E034 (1/1/98)