PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

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DOCUMENT # P09851

1. Corporation Name

ORDERS DISTRIBUTING COMPANY, INC.

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Principal Plac	e of Business	Mailing Address							į
501 CONGARES	FROAD	501 CONGAREE ROAD			Į.				
3600 SHADER ROAD		P.O. BOX 17189				OR NOT WHITE IN THE CRACE			
ORLANDO FL 32908		GREENVILLE SC 29607-3515				DO NOT WRITE IN THIS SPACE			
US US		US				3. Date Incorporated or Qualified			
					04/21/1986				li
2. Principal P	Tace of Business	2a. Mailing Address			4. FEI Number			Applied For	1 1
21	_	26 # 1 whitee	<u>ب</u> ا۔	<u>out</u>	57-0350763			Not Applicable	li
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- · · S	20	5. Certificate of Status Desired			Additional	{
22	_	27 P.O. BOX 1	718	1	.			Required	
City & Sta	le	City & State	n	- Cr	6. Election Campaign Financing	, -		O May Be ─ 💠	
23		1201 0 10 10 00	<u> </u>	<u>SC</u>	Trust Fund Contribution			d to Fees	[]
Zip	Country	Zp 29615		intry	8. This corporation owes the cu	rrent year inte		П.,	
24	25	<u> </u>	0 6	reenvi			Yes	□No	ļ
	9. Name and Address of Current	Registered Agent		 	10. Name and Address of New	Registered	Agent		}]
				81 Name					
	CORPORATION SYSTEM			82 Street	Address (P.O. Box Number is Not Accep	table)			1!
	S. PINE ISLAND ROAD		·						[[
PLA!	ntation fl 33324			63					li
		_		84 City			85 Zi	p Code	1 (
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11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutas	, the a	bove-named	corporation submits this statement for the visition's board of directors. I hereby access	purposa of	changing	its registered	l į
office or r	registered agent, or both, in the State of	of Florida, Such change was aut	horized	d by the corpo	ration's board of directors. I hereby acci	pt the appoir	iment es	registered]
agent. I a	im ramiliar with, and accept the obligati	ons of, Section 007.0000, 1 Kind	<i>Ja</i> 5101	ψ163.					}
SIGNATURE									1 1
-	Riconstate forces or printed name of recipiered agent	and title if applicable. (NOTE: R	Legistored	Agent signature F	quired when reinstating)	DATE			₩
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature f	quired when reinstating) ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12	1/98)
12. TILE					ADDITIONS/CHANGES TO O V		D DIREC	TORS IN 12	(1.1/98)
गा∟£	OFFICERS AND	DIRECTORS	13.	TLE	ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12	34.(11/98)
TITLE NAME	OFFICERS AND V COOK, TIMOTHY C	DIRECTORS	13. 1.1 TI 1.2 N	TLE	ADDITIONS/CHANGES TO O V WILEY H. JOHNSON	FFICERS AN	D DIREC	TORS IN 12 e Addition	E034.(1.1/98)
TITLE NAME STREET ADDRESS	V COCK, TIMOTHY C 103 LYNN DRIVE	DIRECTORS	13. 1.1 TI 12 N 13 ST	TLE AME	ADDITIONS/CHANGES TO O V WILEY H. JOHNSON 105 NEADOWCREEK COURT	FFICERS AN	D DIRECT	e [] Addition	R2E034.(1.1/98)
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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. Mancino Accounting Manufacture Described 3/24/99 864-288-3090 ext 22

BIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTION

DAVID H. WILLIAMS Daugh William 4/11/199