FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) TRIPLE P DISTRIBUTING CO., INC. Principal Place of Business Mailing Address 9400 BUSCH DR. 9400 BUSCH DR JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3601 REGENT BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State JACKSONVILLE JACKSONVILLE 28 29 25 9. Name and Address of Current Registered Agent BUCHANAN, JOHN D., JR. 117 SOUTH GADSDEN STREET 82 TALLAHASSEE FL 32301 83 84

FILED May 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1988 28. Mailing Address 26. 3601 REJENT BLUS. 4. FEI Number Applied For 61-0853834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (FO. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 Zip Code 33131-3209 City MIAMI 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 am Jamilia with and accept the obligations of Section 607 5505. Floring Statles.

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By:

Significantly: Department of the state of Section 607 5505. Floring Statles.

By:

OF FICE DE ANIX HOLE CLODE:

OF FICE DE ANIX HOLE CLODE: April 30, 1998 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 DELETE Change 1.1 TITLE TITLE PELHAM, VIRGIL G. NAME 1.2 NAME 3601 RECIENT BLUD. JACKSONVILLE, FL 32224 **3420 W THARPE ST** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition TIFLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. I hereby certify that the information supplied with this tiling 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.