4-7-95 B-3155-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:51

DOCUMENT # P24304 (8)

1. Corporation Name
VANGUARD DISTRIBUTORS, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 493 SAVANNAH GA 31402	PO BOX 493 SAVANNAH GA 31402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 58-1623882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, TRERRY S.
417 S.W. 25TH AVE.
FT. LAUDERDALE FL 33312

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

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 X Terry S. Miller 3-14-95
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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	FORMEY, SYLVESTER C.	1.2 NAME	FORMEY, SYLVESTER C	
STREET ADDRESS	PO BOX 493	1.3 STREET ADDRESS	5 CEDAR COVE	
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	SAVANNAH, GA 31410	
TITLE	VTD	2.1 TITLE	VTD	☑ Change ☐ Addition
NAME	PRIMM, TERI M.	2.2 NAME	PRIMM, TERI M.	
STREET ADDRESS	PO BOX 92	2.3 STREET ADDRESS	632 W. 40TH STREET	
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP	SAVANNAH, GA 31401	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	FORMEY, WILLIAM H.	3.2 NAME		
STREET ADDRESS	632 W. 40TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Teri M Primm TERI M PRIMM 3/23/95 9/22/1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EF