FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P28783** **(9)**

1. Corporation Name

THE NEW COCO DISTRIBUTING COMPANY, INC.

Principal Place of Business	Mailing Address
1203 E INDUSTRIAL DR ORANGE CITY FL 32763 US	PO BOX 740767 ORANGE CITY FL 32774-0767 US

2. Principal Place of Business	2a. Mailing Address
21	26 1203 E Industrial Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orange City, FL
Zip 24 / Country 25	Zip 29 32725 / Country 30 Volusia

3. Date Incorporated or Qualified: **03/30/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **58-1884472** ☐ 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

COLE, GARRY
1203 E INDUSTRIAL DR
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: Stucker Robert

82 Street Address (P.O. Box Number is Not Acceptable): 1203 E Industrial Dr

83

84 City: Orange City FL 85 Zip Code: 32763

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: Robert Stucker DATE: 4/9/96

(NOTE: Registered Agent signature required before filing.)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STUCKER, ROBERT W.	
STREET ADDRESS	2751 MORTON DRIVE	
CITY-ST-ZIP	E. MOLINE IL	
TITLE	VTD	☐ DELETE
NAME	MOORE, WENDELL H.	
STREET ADDRESS	2751 MORTON DRIVE	
CITY-ST-ZIP	E. MOLINE IL	
TITLE	S	☒ DELETE
NAME	JECKS, ROBERT	
STREET ADDRESS	2751 MORTON DRIVE	
CITY-ST-ZIP	E. MOLINE IL	
TITLE	AS	☒ DELETE
NAME	SCHOBERT, GARY	
STREET ADDRESS	2751 MORTON DRIVE	
CITY-ST-ZIP	E. MOLINE IL	
TITLE	AS	☐ DELETE
NAME	SLOVER, JOHN A.	
STREET ADDRESS	P.O. BOX 719	
CITY-ST-ZIP	MOLINE IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	Stucker, Robert	
3.3 STREET ADDRESS	1203 E Industrial Dr	
3.4 CITY-ST-ZIP	Orange City, FL 32763	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Robert Stucker 4/9/96 904-775-7244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #