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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1203 E INDUSTRIAL DR
ORANGE CITY FL 32763
US

Mailing Address

1203 E INDUSTRIAL DR
ORANGE CITY FL 32763-7106
US

3. Date Incorporated or Qualified

03/30/1990

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STUCKER, ROBERT
1203 E INDUSTRIAL DR
ORANGE CITY FL 32763

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STUCKER, ROBERT W.
STREET ADDRESS 2751 MORTON DRIVE
CITY-ST-ZIP E. MOLINE IL ☐ DELETE

TITLE VTD
NAME MOORE, WENDELL H.
STREET ADDRESS 2751 MORTON DRIVE
CITY-ST-ZIP E. MOLINE IL ☐ DELETE

TITLE S
NAME STUCKER, ROBERT
STREET ADDRESS 1203 E INDUSTRIAL DR
CITY-ST-ZIP ORANGE CITY FL ☒ DELETE

TITLE AS
NAME SLOVER, JOHN A.
STREET ADDRESS P.O. BOX 719
CITY-ST-ZIP MOLINE IL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/T ☒ Change ☐ Addition
1.2 NAME Stucker, Robert W.
1.3 STREET ADDRESS 1203 East Industrial Drive
1.4 CITY-ST-ZIP Orange City, FL 32763

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME Moore, Wendell H.
2.3 STREET ADDRESS 2751 Morton Drive
2.4 CITY-ST-ZIP East Moline, IL 61244

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Robert W. Stucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

904 725 7244

Daytime Phone #

0070225

CR2E034 (9/96)