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 # **P29831** **(5)**

1. Corporation Name
ST. KILLIAN IMPORTING CO., INC.

Principal Place of Business
ELDER AVE EXT.
KINGSTON MA 02364

Mailing Address
ELDER AVE EXT.
KINGSTON MA 02364

3. Date Incorporated or Qualified: **06/20/1990**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **04-3059660** ☐ 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 24 Country 25

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

9. Name and Address of Current Registered Agent
MOUDY DISTRIBUTING, INC.
5150 SHADOWLAWN AVE.
TAMPA FL 33610

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6708 54TH STREET
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	P	☐ DELETE
NAME	HAGUE, HENRY R., JR.	
STREET ADDRESS	38 SANDERSON DR.	
CITY-ST-ZIP	PLYMOUTH MA	
TITLE	C	☐ DELETE
NAME	SHEEHAN, MARGARET E.	
STREET ADDRESS	4 ATHERTON RD.	
CITY-ST-ZIP	WINCHESTER MA	
TITLE	T	☐ DELETE
NAME	MACDONALD, DOUGLAS S.	
STREET ADDRESS	POPPLE BOTTOM RD.	
CITY-ST-ZIP	SANDWICH MA	
TITLE	D	☐ DELETE
NAME	SHEENAN, CHRISTOPHER	
STREET ADDRESS	183 WASHINGTON ST	
CITY-ST-ZIP	DUXBURY MA	
TITLE	D	☐ DELETE
NAME	SHEENAN, SUSAN	
STREET ADDRESS	48 WEST 86TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	SHEEHAN, TIMOTHY G.	
STREET ADDRESS	7 AVALON AVE. UNIT A	
CITY-ST-ZIP	PRIDE'S CROSSING MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
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		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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)(k), 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: Henry R. Hague President 1/17/96 617-585-5165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY R. HAGUE JR

CR2E034 (12/95)