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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90194 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29831

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1990

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

NATIONAL DISTRIBUTING CO  
4901 SAYARESE DR  
TAMPA FL 33634

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 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 VP ☐ DELETE  
NAME SHEENAN, CHRISTOPHER  
STREET ADDRESS 183 WASHINGTON ST  
CITY-ST-ZIP DUXBURY MA

TITLE D ☒ DELETE  
NAME DANA S RUSSELL  
STREET ADDRESS BERRY RD  
CITY-ST-ZIP NOTTINGHAM NH 03290

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

1.1 TITLE GERALD V SHEEHAN ☐ Change ☒ Addition  
1.2 NAME DIRECTOR  
1.3 STREET ADDRESS ELDER AVE  
1.4 CITY-ST-ZIP KINGSTON, MA 02364

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0564174