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

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36822** **(5)**

1. Corporate Name

LANCASTER DISTRIBUTING COMPANY

Principal Place of Business

POST OFFICE BOX 325
PAULINE SC 29374

Mailing Address

POST OFFICE BOX 325
PAULINE SC 29374

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1991**

3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or — 22

Suite, Apt. # or — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **57-0654224** — 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

BOWMAN, JOHN
7158 123RD CIRCLE NORTH
LARGO FL 34643

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
Title	DCP	Title	☐ Change ☐ Addition
Name	JOLLEY, MITCHELL T.	Name	
Street Address	P O BOX 325 N/A	Street Address	
City-St-Zip	PAULINE SC	City-St-Zip	
Title	DVC	Title	☒ Change ☐ Addition
Name	WOLFE, E. F., JR.	Name	
Street Address	P O BOX 4382 N/A	Street Address	P.O. Box 325 N/A
City-St-Zip	FLORENCE SC	City-St-Zip	Pauline, SC
Title	DS	Title	☒ Change ☐ Addition
Name	FORT, CALEB C.	Name	
Street Address	P O BOX 4382 N/A	Street Address	P.O. Box 325 N/A
City-St-Zip	FLORENCE SC	City-St-Zip	Pauline, SC
Title	T	Title	☒ Change ☐ Addition
Name	WOLFE, E. F., JR.	Name	
Street Address	P O BOX 4382 N/A	Street Address	P.O. Box 325 N/A
City-St-Zip	FLORENCE SC	City-St-Zip	Pauline, SC
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or other indication.

SIGNATURE: [signature] **Mitch Jolley** 5/16/95 **803-583-3011**

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

FN