

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # P36822 (5)

1. Corporation Name
LANCASTER DISTRIBUTING COMPANY

Principal Place of Business

POST OFFICE BOX 325
PAULINE SC 29374

Mailing Address

POST OFFICE BOX 325
PAULINE SC 29374-0325

3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 57-0654224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, MITCHELL T.	1.2 NAME	
STREET ADDRESS	P O BOX 325 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	PAULINE SC	1.4 CITY - ST - ZIP	
TITLE	DVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, E. F., JR.	2.2 NAME	
STREET ADDRESS	P.O. BOX 325 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	PAULINE SC	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, CALEB C.	3.2 NAME	
STREET ADDRESS	P.O. BOX 325 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	PAULINE SC	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, E. F., JR.	4.2 NAME	
STREET ADDRESS	P.O. BOX 325 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	PAULINE SC	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Assistant T
STREET ADDRESS		5.3 STREET ADDRESS	Hudgins, John D., Jr
CITY - ST - ZIP		5.4 CITY - ST - ZIP	P.O. Box 325 N/A
TITLE		6.1 TITLE	Pauline SC
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Hudgins Jr

4/29/97

864 583-3011 Ext 249

CR2E034 (9/96)