

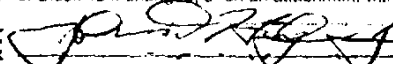
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/23/1991 3a. Date of Last Report 05/01/1996 4. FEI Number 57-0654224 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 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, and title, if applicable) (IN DE Required Agent signature required when first filed) (DATE)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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		☐ DELETE	5.1 TITLE	☐ Change ☒ 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 NA	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME	Pauline SC	
STREET ADDRESS			6.3 STREET ADDRESS	300002527443	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	-05/18/98--01076--026	

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:  **John D. Hudgins Jr** 4/29/98 864 583-3011 Ext 249