FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # P36822 (5)

1. Corporation Name
LANCASTER DISTRIBUTING COMPANY

[redacted]

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 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 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 _____ (NEW Registered Agent signature required when resigned) 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	Assistant T ☐ Change ☒ Addition
NAME		5.2 NAME	Hudgins, John D., Jr
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 325 NA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pauline SC
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002527443
STREET ADDRESS		6.3 STREET ADDRESS	-05/18/98--01076--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

JS 5.15

CORPFCRA (9/96)

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 (Date) — 864 583-3011 Ext 249 (Daytime Phone #)