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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

[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
4. FEI Number: 57-0654224 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	JOLLEY, MITCHELL T.	
STREET ADDRESS	P O BOX 325 N/A	
CITY-ST-ZIP	PAULINE SC	
TITLE	DVC	☐ DELETE
NAME	WOLFE, E. F., JR.	
STREET ADDRESS	P.O. BOX 325 N/A	
CITY-ST-ZIP	PAULINE SC	
TITLE	DS	☐ DELETE
NAME	FORT, CALEB C.	
STREET ADDRESS	P.O. BOX 325 N/A	
CITY-ST-ZIP	PAULINE SC	
TITLE	T	☐ DELETE
NAME	WOLFE, E. F., JR.	
STREET ADDRESS	P.O. BOX 325 N/A	
CITY-ST-ZIP	PAULINE SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	Assistant T	☐ Change ☒ Addition
5.2 NAME	Hudgins, John D., Jr	
5.3 STREET ADDRESS	P.O. Box 325 NA	
5.4 CITY-ST-ZIP	Pauline SC	
6.1 TITLE	300002527443	☐ Change ☐ Addition
6.2 NAME	-05/18/98--01076--026	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

JS
5.15

CR2E031 (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: [signature] John D. Hudgins Jr 4/29/98 864 583-3011 Ext 249
Date Daytime Phone #