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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P39521**

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AD-LIT DISTRIBUTING COMPANY, INC.



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| 00 | | | | | | | 3. Date Incorporated 07/06/199 | d or Qualified 2 | 3a. Da | te of Last 02/24 | 1 Repx /199 | 5 5 |
| Principal Pla | nce of Business | 2a. Mailir | ng Address | | | | 4. FEI Number 39-1218 | 492 | | - | <u> </u> | olied For Applicable |
| Suite, Apt. # | #, etc. | | , Apt. #, etc. | | | | 5. Certificate of Stat | us Desired | | | | dditional quired |
| City & State | | City 8 | s State | | | | 6. Election Campaig Trust Fund Contr | - | | | | May Be |
| | | 28 | | Cour | ntn. | | | | intannible | | | |
| Zφ | Country | 7 ₍₀) | | | Country 30 | | 8. This corporation has liability for intangible tax under s 199.032, Fiorida Statutes | | | | | |
| | 25 9. Name and Address of Currer | 29 nt Registered | Agent | 1301 | | | 10. Name and Add | ess of New I | Registere | d Agent | | |
| | g, Hallie dila Hadioss St. Gelis. | | | | 81 | Name | | | | | | |
| GUSSI | EL, J. THOMAS | | | | B2 | Charat Add | ress (P.O. Box Number is | Not Accepta | ble) | | | |
| | -9 METRO PARKWAY | | | 1 | 62 | Street Addi | ess trio. Dox normor k | | | | | |
| | MYERS FL 33912 | | | | 83 | | | | | | | |
| | | | | | 84 | City | | · | F | 85 | Zip (| Code |
| | to the provisions of Sections 607.050 | | | | iL | | - Line - I ita thio atotoa | and for the pu | | | ite rec | istered of |
| | Say area, typica or proceed name of registered agen | | | | | | sd when reinstating) | | | | | |
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4. I do hereby certify that the information supplied with his length so voluntarily furnished allowed he carried and supplied with 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 certify 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 attachnion with an address.

SIGNATURE:

NATING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 608/254-8770 Dete GOOD Department Priorie