SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000014890 (7)**

1. Corporation Name

MID-FLORIDA DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
310 NE 39 AVE GAINESVILLE FL 32609	310 NE 39 AVE GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 04/28/1994

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

4. FEI Number: 59-3156241 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENNE, MICHAEL C
310 NE 39 AVE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name: Gregory G. Liuzzo
82 Street Address (P.O. Box Number is Not Acceptable): 310 NE 39th Ave.
83
84 City: Gainesville FL 85 Zip Code: 32609

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: Gregory G. Liuzzo
Signature, typed or printed name of registered agent and the date of this change (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LIUZZO, GREGGORY G	12 NAME	
STREET ADDRESS	1619 SW 76 TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	14 CITY-ST-ZIP	
TITLE	M	21 TITLE	☐ Change ☐ Addition
NAME	KENNE, MIKE	22 NAME	
STREET ADDRESS	453 NW 37 PL	23 STREET ADDRESS	200001546472
CITY-ST-ZIP	GAINESVILLE FL 32609	24 CITY-ST-ZIP	-07/26/95--01048--001
TITLE		31 TITLE	****675.00 ☐ ****23.00 Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: Gregory G. Liuzzo 6-20-95 904-376-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GREGORY G. LIUZZO

0006280 CP