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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014675 (1)

MATTSON DISTRIBUTING INC.

Principal Place of Business Mailing Address 805 ROCKINGHAM RD. % DAVID A. KING 1416 KINGSLEY AVE **ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE ORANGE PARK FL 32073 3. Date Incorporated or Qualified 02/26/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3171813 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 乜 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KING, DAVID A ATTORNEY AT LAW 82 Street Address (P.O. Box Number is Not Acceptable) 1416 KINGSLEY AVENUE 83 **ORANGE PARK FL 32073** 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1,1 TITLE TITLE MATTSON, ROYCE R 1.2 NAME **605 ROCHINGHAM RD** 1.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIF 14. I hereby cortify that the information supplied with this thing 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 suppliemental 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

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZiP

4.4 CITY-ST-ZIP

4.1 THILE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

__ DELETE

DELETE

DELETE

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Mar 13, 1998

904-272-4834

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 25 1998 8:00am

Secretary of State