

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018378 (8)

1. Corporation Name

PROMISE DISTRIBUTORS, INC.

Principal Place of Business

7601 S.E. 38TH PLACE
ALACHUA FL 32615

Mailing Address

7601 S.E. 38TH PLACE
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21 6027 NW 109TH PL

2a. Mailing Address

26 6027 NW 109TH PL

4. FEI Number

59-3179765

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 USZ,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZIP

CITY/ST

ZIP

CITY/ST

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, HERBERT L JR
1360 N.W. 13TH ST.
SUITE 1
GAINESVILLE FL 32609

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D

12 NAME

SUESS, JOHN F

13 STREET ADDRESS

7601 S.E. 38TH PLACE

14 CITY - ST - ZIP

ALACHUA FL 32615

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(1)(b), Florida Statutes. I further certify that the information and action 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John F. Suess JOHN F. SUESS

4-24-95

904-462-3070