FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044948 (6)**

1. Corporation Name

CMA DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
PO BOX 20208 TALLAHASSEE FL 32316-0208	PO BOX 20208 TALLAHASSEE FL 32316-0208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 623 Industrial Dr.
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32310
25: County: USA

26. Mailing Address
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: **59-3202900** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEBB, JOHN
2192 TIMBERWOOD CIR SOUTH
TALLAHASSEE FL 32304

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 Section 607.0501 and 617.1505, 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. The 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN ☐
01 TYPE	P	☐ Change ☐ Addition
02 NAME	WEBB, JOHN H.	
03 STREET ADDRESS	2192 TIMBERWOOD CIR S	
04 CITY-ST-ZIP	TALLAHASSEE FL 32304	
05 TYPE	V	☐ Change ☐ Addition
06 NAME	PICMONTE, JOHN	
07 STREET ADDRESS	2174 TIMBERWOOD CIR S	
08 CITY-ST-ZIP	TLH FL 32304	
09 TYPE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TYPE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TYPE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TYPE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 904 561-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0408175 FP