## 4-2298 B- 5383 -C 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 # P93000077591 (4)

M & H WAREHOUSING AND DISTRIBUTION, INC.

## FILED Apr 22 1998 8:00am Secretary of State



4/14/9D

Dringing Dieg	o of Discipace	Maritime Andelson			
Principal Plac		Mailing Address			
5201-1 W 1ST STREET JACKSONVILLE FL 32254		5201-1 W 1ST STREET JACKSONVILLE FL 32254			
		***************************************		DO NOT WRITE IN	N THIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>01/01/1994</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address	1	4. FEI Number	Applied Fo
21 48	TO STEVE NS		e0365	59-3217010	Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions Fee Required
City & State	Flow rime	FU 28 Jacksony	ille FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24 32.1	25	29] <i>32236</i>	30	Personal Property Tax due June 30	0. 🚺 Yes 🗌 No
	Name and Address of (	Current Registered Agent		10. Name and Address of New Regi	stered Agent
520 JA0	UMAN, DUANE 01-1 W 1ST STREET CK\$ONVILLE FL 32254		83   84   City	Address (P.O. Box Number is Not Acceptable	FL 85 Zip Codes
office or r	egistered agent, or both, in the		es, the above-named authorized by the corp	corporation submits this statement for the pur coration's board of directors. I hereby accept	
	in landa with, and account the	e obligations of, acction dor.0000. Tit	inda Statules.		
SIGNATURE					
	Signature, typed or printed name of regist	ured agent and title if applicable (NOH	E Registored Agont's gnature		DATE DATE
SIGNATURE	Signature, typed or printed name of regist	ered agent and the if applicable (NOTE RSIAND DIFFCTORS	Registered Agont's gnature	required when reinstaling) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
<b>12.</b> TITLE	Signature, typed or printed name of regist OFFICES	ured agent and title if applicable (NOH	Registered Agoin s gnature  13. 1.1 THLE		
12. TITLE NAME	Signature: typed or printed name of regist OFFICES  P TRUMAN, DUANE	ered agent and the if applicable (NOTE RSIAND DIFFCTORS	E Registrired Agont is greature  13.  1.1 TITLE  1.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12. Title NAME STREET ADDRESS	Signature, typed or printed name of regist OF FICER TRUMAN, DUANE 5201-1 W 1ST ST	ered agent and the if applicable (NOTE RSIAND DIFFCTORS	13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12. Title Name Street address City-St-Zip	Signature: typed or printed name of regist OFFICES  P TRUMAN, DUANE	nited agent and tille if applicable (NOH RS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		RS AND DIRECTORS IN 12 Change Add
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