

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008749 (1)**

1. Corporation Name

**DAVID PLAUCHE DISTRIBUTING, INC.**

Principal Place of Business

Mailing Address

14691 W HWY 98-A  
PANAMA CITY BEACH FL 32413

14691 W HWY 98-A  
PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/21/1994

4. FEI Number

59-3219154

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. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLAUCHE, DAVID L  
14691 W HWY 98-A  
PANAMA CITY BEACH FL 32413

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD  
NAME: PLAUCHE, DAVID L  
STREET ADDRESS: 14691 W HWY 98-A  
CITY ST ZIP: PANAMA CITY BEACH FL 32413

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY ST ZIP:

TITLE: SD  
NAME: PLAUCHE, ALICE M  
STREET ADDRESS: 14691 W HWY 98-A  
CITY ST ZIP: PANAMA CITY BEACH FL 32413

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY ST ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY ST ZIP:

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 110.07(9)(b), 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, upon an appointment with an address.

SIGNATURE:

*David Plauché Dist.*

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name