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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000010499 (9)**

1. Corporation Name
AUTOMATED DISTRIBUTION SERVICES, INC.

Principal Place of Business	Mailing Address
105 MELROSE CT. PONTE VEDRA BEACH FL 32082	105 MELROSE CT. PONTE VEDRA BEACH FL 32082-3913

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business
21 830-13 AIA NORTH
Suite, Apt #, etc.
22 394
City & State
23 PONTE VEDRA BEACH
Zip 24 32082 Country 25 USA

2a. Mailing Address
26 830-13 AIA NORTH
Suite, Apt #, etc
27 394
City & State
28 PONTE VEDRA BEACH
Zip 29 32082 Country 30 USA

4. FEI Number: 59-3230986 ☐ 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

9. Name and Address of Current Registered Agent

LAGALY, THOMAS
105 MELROSE CT.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 830-13 AIA NORTH, SUITE 394
83
84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0505, 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, my position as registered agent.

SIGNATURE Thomas Lagaly (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 2-18-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LAGALY, THOMAS		1.2 NAME		
STREET ADDRESS	105 MELROSE CT.		1.3 STREET ADDRESS	830-13 AIA NORTH, SUITE 394	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, THOMAS		2.2 NAME		
STREET ADDRESS	12 NORTHGATE		2.3 STREET ADDRESS	149 SOUTH ROSCOE BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, DONALD		3.2 NAME		
STREET ADDRESS	7628 FULLARD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAKE FOREST NC		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 supplemental 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 attached sheet, with my address.

SIGNATURE: Thomas Lagaly 2-18-97 904-285-7245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #