


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90023 050 *1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000017584

1. Corporation Name
TECH DATA FRANCE, INC.

Principal Place of Business 5350 TECH DATA DR. CLEARWATER FL 34620	Mailing Address 5350 TECH DATA DR. CLEARWATER FL 34620
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3233033	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VETTER, DAVID R 5350 TECH DATA DR. CLEARWATER FL 34620		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMUND, STEVEN A	1.2 NAME	RAYMUND STEVEN A
STREET ADDRESS	5350 TECH DATA DR.	1.3 STREET ADDRESS	5350 TECH DATA DR
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNEWITZ, CHARLES V	2.2 NAME	ANTHONY A IBARGUEN
STREET ADDRESS	5350 TECH DATA DRIVE	2.3 STREET ADDRESS	5350 TECH DATA DR
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HOWELLS, JEFFERY P	3.2 NAME	
STREET ADDRESS	5350 TECH DATA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE REQUIRED

Jeffery P. Howells, Executive Vice President

2-17-99

Date

727-539-7429

Daytime Phone #

CR3E034 (11/98)