

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Genda B. Murpham
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

DOCUMENT # **P94000019305 (9)**

1. Corporation Name

ROLIN DISTRIBUTORS, INC.

STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**1725 EXOTIC TERRACE
DELTONA FL 32725**

3. Mailing Address

**1725 EXOTIC TERRACE
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Charter

03/07/1994

3a. Date of Last Report

4. FEI Number

59-3227137

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

2. Principal Place of Business

21

State, Apt. #, etc.

23. City & State

24. Zip

Country

26. Mailing Address

26

State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**WILSON, RONALD C
1725 EXOTIC DRIVE
DELTONA FL 32725**

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 Sections 607.05(4) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 Sections 607.05(4) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	WILSON, RONALD C
3. STREET ADDRESS	1725 EXOTIC TERRACE
4. CITY & STATE	DELTONA FL 32725
5. TITLE	STD
6. NAME	WILSON, LINDA
7. STREET ADDRESS	1725 EXOTIC TERRACE
8. CITY & STATE	DELTONA FL 32725
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 liquidator of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95