

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026878 (6)**

1. Corporation Name  
**WEST FLORIDA DISTRIBUTION CENTER, INC.**

Principal Place of Business: **6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810**  
Mailing Address: **6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1432 Tampa East Blvd., Ext.**  
26. Mailing Address: **3033 Mercy Dr.**  
22. State, Apt. #, etc.: \_\_\_\_\_  
27. State, Apt. #, etc.: \_\_\_\_\_  
23. City & State: **Tampa, FL**  
28. City & State: **Orlando, FL**  
24. County: **33619 Hillsborough** 25. **32808** 30. **Orange**

3. Date incorporated or Qualified: **04/07/1994** 3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-3232891** 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**  
7. This corporation has liability for annual fee under S. 194.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **EDGAR, CANDICE B 6333 N. ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810**  
10. Name and Address of New Registered Agent:  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): **3033 Mercy Dr.**  
83. \_\_\_\_\_  
84. City: **Orlando** 85. Zip Code: **FL 32808**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Registered Agent for the Corporation) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>D</b>	1. OFFICER	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOEBLER, DONALD W</b>	2. NAME	
STREET ADDRESS	<b>6333 N. ORANGE BLOSSOM TRAIL, SUITE 201</b>	3. STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY, ST, ZIP	<b>ORLANDO FL 32810</b>	4. CITY, ST, ZIP	<b>Orlando, FL 32808</b>
OFFICER		5. OFFICER	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	<b>Czech, Donald R.</b>
STREET ADDRESS		7. STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY, ST, ZIP		8. CITY, ST, ZIP	<b>Orlando, FL 32808</b>
OFFICER		9. OFFICER	<b>VST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10. NAME	<b>Edgar, Candice B.</b>
STREET ADDRESS		11. STREET ADDRESS	<b>3033 Mercy Dr.</b>
CITY, ST, ZIP		12. CITY, ST, ZIP	<b>Orlando, FL 32808</b>
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
OFFICER		17. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
OFFICER		21. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for this corporation stated in Sections 194.032, Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee organized by order of the court as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do not change or remove other officers or directors.

SIGNATURE: *Candice B Edgar* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **Candice B Edgar Vice President**  
4-25-95 (407)297-0141