

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000026878 (6)**

1. Corporation Name

WEST FLORIDA DISTRIBUTION CENTER, INC.



Principal Place of Business

1432 TAMPA EAST BLVD
SUITE 201
TAMPA FL 33619
US

Mailing Address

3033 MERCY DR
SUITE 201
ORLANDO FL 32808
US

2. Principal Place of Business

21 **3033 Mercy Dr.**

Suite, Apt. #, etc.

22

City & State

23 **Orlando FL.**

Zip

24 **32808**

Country

25 **USA**

2a. Mailing Address

26 **3033 Mercy Dr.**

Suite, Apt. #, etc.

27

City & State

28 **Orlando, FL.**

Zip

29 **32808**

Country

30 **USA**

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

EDGAR, CANDICE B
3033 MERCY DR
SUITE 201
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name **Edgar, Candice B.**
82 Street Address (P.O. Box Number is Not Acceptable)
3033 Mercy Dr.
83
84 City **Orlando** FL 85 Zip Code **32808**

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 for use as registered agent and then applicable)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W	
STREET ADDRESS	3033 MERCY DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CZECH, DONALD R	
STREET ADDRESS	3033 MERCY DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	EDGAR, CANDICE B	
STREET ADDRESS	3033 MERCY DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Doebler, David R.	
43 STREET ADDRESS	3033 Mercy Dr.	
44 CITY - ST - ZIP	Orlando, FL 32808	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 registered 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Candice B. Edgar

5/15/96 (407) 297-0141
Date Date/Phone #
ext. 2360

CR2E034 (12/95)