SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -1 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072758 (3)**

1. Corporation Name

DISTRIBUTION SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2808 N. REMINGTON GREEN CIR. TALLAHASSEE FL 32308	2808 N. REMINGTON GREEN CIR. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/04/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: **P.O. BOX 13567**
4. FEI Number: **59-3251085** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28: **TALLAHASSEE, FLORIDA**
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29: **32317**
Country — 30: **U.S.**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SATTERFIELD, H.C. III
2808 N. REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	SATTERFIELD, H.C. III	12 NAME	SATTERFIELD, H.C. III	
STREET ADDRESS	2808 N. REMINGTON GREEN CIR.	13 STREET ADDRESS	2808 REMINGTON GREEN NORTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE		21 TITLE	S	☐ Change ☒ Addition
NAME		22 NAME	HARTSFIELD, CHRISTINE	
STREET ADDRESS		23 STREET ADDRESS	2808 REMINGTON GREEN NORTH	
CITY-ST-ZIP		24 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	WALDRON, TOM SR.	
STREET ADDRESS		33 STREET ADDRESS	2808 REMINGTON GREEN NORTH	
CITY-ST-ZIP		34 CITY-ST-ZIP	TALLAHASSEE, FLROIDA 32308	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: H.C. SATTERFIELD, III H. C. Satterfield III JULY 28, 1995 (904)385-2137
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0008034 CP