

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 # **P94000072758 (3)**

1. Corporation Name

DISTRIBUTION SYSTEMS OF FLORIDA, INC.



Principal Place of Business

**2808 N. REMINGTON GREEN CIR.
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 13567
TALLAHASSEE FL 32317
US**

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2808 Remington Green North

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Tallahassee, Florida

27

Zip

Country

Zip

Country

24 32308

25

29

30

4. FEI Number

59-3251085

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

10. Name and Address of New Registered Agent

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

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 607.0502 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

(Sign and type or print name of registered agent in the space below)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **PD
SATTERFIELD, H.C. III**
STREET ADDRESS **2808 REMINGTON GREEN NORTH**
CITY-STATE-ZIP **TALLAHASSEE FL**

1.2 NAME **Satterfield, H.C. III**
1.3 STREET ADDRESS **2808 Remington Green North**
1.4 CITY-STATE-ZIP **Tallahassee, Florida 32308**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **S
HARTSFIELD, CHRISTINE**
STREET ADDRESS **2808 REMINGTON GREEN NORTH**
CITY-STATE-ZIP **TALLAHASSEE FL**

2.2 NAME **S**
2.3 STREET ADDRESS **Hartsfield, Christine**
2.4 CITY-STATE-ZIP **2808 Remington Green North**
Tallahassee, Florida 32308

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S
HARTSFIELD, CHRISTINE**
STREET ADDRESS **2808 REMINGTON GREEN NORTH**
CITY-STATE-ZIP **TALLAHASSEE FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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: **Christine Hartsfield**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

(904) 385-2137
Daytime Phone #

CR2E034 (12/95)