4-7-95 B-3135-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:36

DOCUMENT # **P94000075032 (0)**

1. Corporation Name
SUN STATE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2144 INVERNESS COURT OVIEDO FL 32765	2144 INVERNESS COURT OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/12/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: ✓ 59-3273673	☐ Applied For ☐ Not Applicable
21 270 STONE ISLAND RD	26 270 STONE ISLAND RD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 ENTERPRISE FL	27 ENTERPRISE, FL		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 32725	28 32725		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311	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 _____ 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	☐ Change ☐ Addition
NAME	PACETELLI, ROBERT A	12 NAME	
STREET ADDRESS	270 STONE ISLAND RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL 32725	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SIKES, ROBERT K	22 NAME	
STREET ADDRESS	2144 INVERNESS COURT	23 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PACETELLI, DOLORES C	32 NAME	
STREET ADDRESS	270 STONE ISLAND RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL 32725	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SIKES, HELEN W	42 NAME	
STREET ADDRESS	2144 INVERNESS COURT	43 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	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	

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 addition.

SIGNATURE: Robert A. Pacetelli 2-13-95 407-324-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. PACETELLI

0080830 CP