

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90066 014 \*\*\*150.00

DOCUMENT # P94000077445

1. Corporation Name

AUSSIE DISTRIBUTORS INC



Principal Place of Business

1905 GULFVIEW DR  
HOLIDAY FL 34691  
US

Mailing Address

P.O. BOX 5192  
PALM HARBOR FL 34684  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

59-3295057

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 40431 US HWY 19 N

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TARPON SPRINGS

City & State

23 FL 34689

City & State

Zip Country

24 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

KIRK, DIANNE C  
1905 GULFVIEW DR  
SUITE B  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name KIRK DIANNE C  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 40431 US HWY 19 N  
84 City TARPON SPRINGS FL 85 Zip Code 34689

11. Pursuant to the provisions of Sections 607.0501 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME WILLIAMS, TODD A  
STREET ADDRESS 1905 GULFVIEW DR  
CITY-STATE-ZIP HOLIDAY FL

TITLE ST ☐ DELETE

NAME PAUL J MORRISON  
STREET ADDRESS PO BOX 3646  
CITY-STATE-ZIP HOLIDAY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

1.2 NAME WILLIAMS TODD

1.3 STREET ADDRESS 40431 US HWY 19 N TARPON SPRINGS

1.4 CITY-STATE-ZIP FL 34689

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 727 937 4040

CR2E034 (11/98)