

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # P94000084396 (8)

To: Corporation Name

LILLY DISTRIBUTION COMPANY

Principal Place of Business

**4502 OLD WINTER GARDEN RD
ORLANDO FL 32811**

Mailing Address

**4502 OLD WINTER GARDEN RD
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

11/18/1994

3a. Date of last report

4. FIC Number

59-3309016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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\$5.00 May Be

Added to Fees

7. Does corporation have authority to solicit contributions to U.S. or State

Florida Candidates

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9. Name and Address of Current Registered Agent

**LILLY, ALAN F
4502 OLD WINTER GARDEN RD
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02(a), 607.02(b), and 607.02(c), 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. Therefore except the appointment as registered agent, I am familiar with and accept the statement of Section 607.0506, Florida Statutes.

SIGNATURE

(Signature of Agent or person who changed registered office or both)

(Signature of Registered Agent or person registered office submitted)

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12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. NAME D LILLY, ALAN F 2. STREET ADDRESS 4502 OLD WINTER GARDEN RD 3. CITY, STATE, ZIP ORLANDO FL 32811
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS ☐ Change ☐ Addition
3. CITY, STATE, ZIP ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. STREET ADDRESS ☐ Change ☐ Addition
6. CITY, STATE, ZIP ☐ Change ☐ Addition
7. NAME ☐ Change ☐ Addition
8. STREET ADDRESS ☐ Change ☐ Addition
9. CITY, STATE, ZIP ☐ Change ☐ Addition
10. NAME ☐ Change ☐ Addition
11. STREET ADDRESS ☐ Change ☐ Addition
12. CITY, STATE, ZIP ☐ Change ☐ Addition
13. NAME ☐ Change ☐ Addition
14. STREET ADDRESS ☐ Change ☐ Addition
15. CITY, STATE, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information included 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 agent proposed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or new attachment with an address.

SIGNATURE:

Alan F. Lilly

ALAN F. LILLY

PRESIDENT

407/298-5993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEGISLATIVE FORM 8