

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000010826**
Corporation Name
J.P. DISTRIBUTORS INCORPORATED

Principal Place of Business
**714 BRETTONWOOD DR
TAMPA FL 33615**

Mailing Address
**7714 BRETTONWOOD DR
TAMPA FL 33615**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90167 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1995		4. FEI Number 59-3298754		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Principal Place of Business 1524 ROXBWOOD		2a. Mailing Address 7960 OAK HILL DR		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State CLARK WATKIN FL		City & State SIMMONS AL		
Zip 33755	Country	Zip 36575	Country	
9. Name and Address of Current Registered Agent PERKO, ANGELIA 7714 BRETTONWOOD DR TAMPA FL 33615		10. Name and Address of New Registered Agent 81 Name RONALD PERKO 82 Street Address (P.O. Box Number is Not Acceptable) 1524 ROXBWOOD ST 83 84 City CLARK WATKIN FL 85 Zip Code 33755		

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	PD	<input type="checkbox"/> DELETE
ME	PERKO, ANGELIA	
REET ADDRESS	7714 BRETTONWOOD DR	
Y-ST-ZIP	TAMPA FL	
LE	VD	<input type="checkbox"/> DELETE
ME	PERKO, JUSTINE	
REET ADDRESS	7714 BRETTONWOOD DR	
Y-ST-ZIP	TAMPA FL 33615	
LE	STD	<input type="checkbox"/> DELETE
ME	PERKO, RONALD	
REET ADDRESS	7714 BRETTONWOOD DR	
Y-ST-ZIP	TAMPA FL 33615	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7960 OAK HILL DR
1.4 CITY-ST-ZIP	SIMMONS AL 36575
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7960 OAK HILL DR
2.4 CITY-ST-ZIP	SIMMONS AL 36575
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1524 ROXBWOOD ST
3.4 CITY-ST-ZIP	CLARK WATKIN FL 33755
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

2/2/99 722-447-6711

CR2E034 (5/99)