

**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 # **P95000023023 (1)**

1. Corporation Name  
**MARINER DISTRIBUTORS, INC.**



Principal Place of Business: 1532 ARLINGTON ROAD, LAKELAND FL 33805  
Mailing Address: 1532 ARLINGTON ROAD, LAKELAND FL 33805

3. Date Incorporated or Qualified: **03/22/1995**  
3a. Date of Last Report: **FIRST REPORT**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3302950**  
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  
**SIMPSON, NATHAN B  
111 E. MADISON ST.  
SUITE 2300  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81 Name: **C. W. SAHLMAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **1601 SAHLMAN DRIVE**  
83  
84 City: **TAMPA** FL 85 Zip Code: **33605**

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: **C. W. SAHLMAN, CHAIRMAN** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>C/D C. W. SAHLMAN</b>
1.3 STREET ADDRESS	<b>1601 SAHLMAN DRIVE</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33605</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P/D LEE F. ODENWALD</b>
2.3 STREET ADDRESS	<b>1600 KATHLEEN ROAD</b>
2.4 CITY-ST-ZIP	<b>LAKELAND, FLORIDA 33805</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S H. J. WIESEN</b>
3.3 STREET ADDRESS	<b>1601 SAHLMAN DRIVE</b>
3.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33605</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T GARY RAINES</b>
4.3 STREET ADDRESS	<b>1600 KATHLEEN ROAD</b>
4.4 CITY-ST-ZIP	<b>LAKELAND, FLORIDA 33805</b>
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	

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: **H. J. WIESEN** (Signature of Secretary)  
Date: **813 248-5726** Daytime Phone #

CR2E034 (12/95)