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 # **P95000042021 (2)**

1. Corporation Name

EPTECH DISTRIBUTING OF CENTRAL FLORIDA, INC.

Principal Place of Business
6225 - 118TH AVE N
LARGO FL 34643

Mailing Address
6225 - 118TH AVE N
LARGO FL 34643

2. Principal Place of Business
21 491 HAVEN POINT DR
Suite, Apt. #, etc.
22
City & State
23 TREASURE ISLAND, FL
Zip 24 33706 Country 25 PINELLAS

2a. Mailing Address
26 491 HAVEN POINT DR
Suite, Apt. #, etc.
27
City & State
28 TREASURE ISLAND, FL
Zip 29 33706 Country 30 PINELLAS

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report:
4. FEI Number: 59-3319592 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OVERTON, A. EDWARD
10863 ULMERTON RD
SECURITY PLAZA
LARGO FL 34648

10. Name and Address of New Registered Agent
81 Name: MARVIN REID
82 Street Address (P.O. Box Number is Not Acceptable): 491 HAVEN POINT DR
83
84 City: TREASURE ISLAND FL 85 Zip Code: 33706

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: Marvin R Reid — MARVIN REID — 4-29-96
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		☐ DELETE
NAME	~~MARVIN REID~~	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
1 2 NAME	MARVIN REID	
1 3 STREET ADDRESS	491 HAVEN POINT DR	
1 4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

300001856593
-06/10/96--01014--002
***200.00

CR 5.1.96

CR2E034 (12/95)

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: Marvin R Reid — 4-29-96 — 813 397.0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARVIN R. REID