Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90023 037 \*\*\*150.00

## 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

## DOCUMENT # P95000053968

1. Corporation Name

BDC DISTRIBUTORS, INC.

Principal Place	e of Business	Mailing Address							
9235 PINE FOR		9235 PINE FOREST ROAD							
PENSACOLA FL 32534		PENSACOLA FL 32534 US				DO NOT WRITE IN THIS SPACE			
US		US .				3. Date Incorporated or Qualified	77.10 0.710=		1
						07/07/1995			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	<u> </u>	plied For	
21		26				59-3326904		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re		
22		City & State						<u> </u>	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	
23		Zip Country						10 1 663	=
Zip Country		<b>├</b> ── `	¬			This corporation owes the current yes     Personal Property Tax.	armangible ∐Yes ∠	₽Ńo	
24	9. Name and Address of Curren	29 Agent	[30]			10. Name and Address of New Regist			1
	3. Name and Address of Current	t Koğlatered Ağent		81 N	lame			***	İ
CON	INELL, BETTY								
9235 PINE FOREST ROAD				82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32534			ĺ	83					l
		ë							ļ
				84 (	City		FL 85 Zip	Code	ĺ
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by the	amed corporation	oration submits this statement for the purpoin's board of directors. I hereby accept the	appointment as re	registered gistered	
	Signature, typed or printed name of registered agen			Agent sig	nature required	d when reinstating) DA		NOC IN 42	é
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	Change	Addition	7
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	COMMENT DETEN	Detere					Criange	_	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9235 PINE FOREST ROAD PENSACOLA FL	DELETE	1.2 NA 1.3 ST 1.4 CC 2.1 TTC 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC 4.1 TTC 4.2 NA 4.3 ST 4.4 CC 5.1 TTC 5.2 NA 5.3 ST 5.4 CC	AME TREET AD TTY-ST-ZI TLE AME TREET AD TITY-ST-Z TILE TREET AD TR	DRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition	
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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 of one autachment with an address, with all other like empowered.

SIGNATURE: