FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053986

1. Corporation Name

KDB DISTRIBUTORS, INC.

1999

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90056 022 ***150.00

Principal Place	e of Business	Mailing Address				- C TANGLINGS THE SMENT DISTE MAINT ON STEWNINGS IN	#11## 1411 # 1 #1 #1	##### # ##############################	
9235 PINE FOR		9235 PINE FOREST ROAD							
PENSACOLA FL 32534 PENSACOLA FL 32534									
1						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 07/07/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-3327016	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
22	•	27				5. Certificate of Status Desired	Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	.May.Be	
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Int			
24	25	29	30			Personal Property Tax.		₩o	
	9. Name and Address of Current	t Registered Agent		ļ.,		10. Name and Address of New Registered	Agent		
CON	NELL DETTY			81	Name				
	NELL, BETTY			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	PINE FOREST ROAD								
PEN	SACOLA FL 32534			83		•			
1				84	0.4		85 Zip (Code	
				04	City	FL	. 65 2.5	5000	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the a	above-i	named corpo	ration submits this statement for the purpose of	changing its	registered	
office or F	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	authorize	d by th	ne corporation	n's board of directors. I hereby accept the appoi	ntment as re	gisterea	
-	in tantillar with, and accept the obligation	ions or, occurr our loods, in	onda oto	10100.					
SIGNATURE	_								
	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	d Agent s	signature required	when reinstating) DATE			á
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registere		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12	á
			13.		signature required		ID DIRECTO	DRS IN 12	(41/08)
12.	OFFICERS AND	D DIRECTORS	13.		signature required				24 (41/09)
12. TITLE NAME	OFFICERS AND	D DIRECTORS	13- 1.1 T 1.2 N	TITLE	-				E034 (41/08)
12. TITLE NAME STREET ADDRESS	OFFICERS AND D CONNELL, BETTY 9235 PINE FOREST ROAD	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET A	ADDRESS				000004 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CONNELL, BETTY	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	TITLE	ADDRESS				CD2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D CONNELL, BETTY 9235 PINE FOREST ROAD	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TILE NAME STREET A	ADDRESS		Change	☐ Addition	CD2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D CONNELL, BETTY 9235 PINE FOREST ROAD	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	TITLE NAME STREET A CITY-ST-:	ADDRESS ZIP		Change	☐ Addition	CD0E034 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D CONNELL, BETTY 9235 PINE FOREST ROAD	D DIRECTORS	13- 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	TITLE NAME STREET A CITY-ST-: TITLE NAME STREET A	ADDRESS ZIP		Change	☐ Addition	CD2E034 (11/08)
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/99 8504941087