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

Mar 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9500068331 (4) G & G DISTRIBUTORS, INC. Principal Place of Business Mailing Address VOLLMER AVE VOLLMAR AVE OLDSMAR FL 34677 OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/31/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For VOLLMER AVE 59-3333953 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 3121-HILLSIDE TANE **2**974 SUMERSWORTH 82 Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR FL 34695 83 CLEARWA TER City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. GEORGE E. KRESS Change Addition DELETE TITLE 1.1 TITLE 2974 SOMBRSWORTH OR KRESS. GEORGE E 1.2 NAME NAME CLEARWATER FL 33761 3121 HILLSIDE LANE STREET ADDRESS 1.3 STREET ADDRESS **SAFETY HARBOR FL 34695** CITY-ST-ZIP 1.4 CITY-ST-ZIP KRESS MARION E & Change Addition DELETE 2 1 TITLE TITLE KRESS, MARION E NAME 2.2 NAME 2974 SOMERSWORTH OR 3121 HILLSIDE LANE 2.3 STREET ADDRESS STREET ADDRESS CHEARWATER FL 33761 SAFETY HARBOR FL 34695 2. 4 CITY-ST-ZIP CITY-ST-ZIP KNBSS GEOFFREY 6 Change Addition DELETE 3.1 TITLE TITLE NAME KRESS, GEOFFREY G 3.2 NAME 3217 PINE HAUEN DR. 3121 HILLSIDE LANE STREET ADDRESS 3.3 STREET ADDRESS SAFETY HARBOR FL 34695 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 op an attachment with an address.

FILED

3-17-98 813-891-9938