

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000077326 (3)

1. Corporation Name

XICON INTERNATIONAL DISTRIBUTION COMPANY, INC.

Principal Place of Business

Mailing Address

13300-56 S. CLEVELAND AVENUE  
SUITE 109  
FT. MYERS FL 33907

13300-56 S. CLEVELAND AVENUE  
SUITE 109  
FT. MYERS FL 33907

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

~~BROWNE, CHAD W~~ James W. Goodwin  
111 E. MADISON STREET  
SUITE 2300  
TAMPA FL 33602

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

Date

10/16/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
PETERS, JOHN C  
STREET ADDRESS 13300-56 S. CLEVELAND AVE. SUITE 109  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☐ DELETE  
NAME D  
WINEMILLER, GARY A  
STREET ADDRESS 13300-56 S. CLEVELAND AVE. SUITE 109  
CITY-ST-ZIP FT. MYERS FL 33907

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001989011--9  
-10/29/96--01115--015  
\*\*\*\*225.00 \*\*\*\*225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/96

Date

(813) 595-5681

Daytime Phone #

Page 1 of 2  
APPROVED  
AND  
FILED

96 OCT 24 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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page 2 of 2

**MACFARLANE FERGUSON & McMULLEN**

ATTORNEYS AND COUNSELORS AT LAW

111 MADISON STREET, SUITE 2300  
P.O. BOX 1531 (ZIP 33601)  
TAMPA, FLORIDA 33602  
(813) 273-4200 FAX (813) 273-4396

400 CLEVELAND STREET  
P. O. BOX 1669 (ZIP 34617)  
CLEARWATER, FLORIDA 34615  
(813) 441-8966 FAX (813) 442-8470

October 17, 1996

IN REPLY REFER TO:

James W. Goodwin  
P.O. Box 1531  
Tampa, FL 33601

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Xicon International Distribution Company, Inc.  
Ref. No.: P95000077326

Dear Sir/Madame:

Enclosed herewith for filing on behalf of Xicon International Distribution Company, Inc., is an amended 1996 Corporation Annual Report, along with a check in the amount of \$225.00. I have also enclosed a copy of your letter you requested that we return to you along with the amended report to ensure proper handling.

If you have any questions, please contact me.

Very truly yours,



JAMES W. GOODWIN

JWG:gjw  
Enclosures