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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

OIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000040204 (5)**

CAP DISTRIBUTION, INC.

Principal Place of Business

Mailing Adoress

11290-5 ST. JOHNS INDUSTRIAL PARKWAY

11290-5 ST. JOHNS INDUSTRIAL PARKWAY

FILED Jan 21 1997 8:00am Secretary of State



JACKSONVILLE FL 32246-6673		JACKSONVILLE FL 32246-6632				
				3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last F	Report
	lace of Business	2a. Mailing Address	JIC - D	4. FEI Number		pplied For
21] /38/ Suite, Apt	5 Heathford Dr.		athtorp Da	c. 59-3381291		ot Applicable
22		Suite Apt. #. etc.		5. Certificate of Status Desired		Additional equired
	sonville, FL	City & State 28 JACKSON VI // 6	e,FL	Election Campaign Financing Trust Fund Contribution	· ·	May Be to Fees
24 31 22	4 25 USA		Country 30 USA	8. This corporation has liability for i	ntangible tax under s Yes 🔲 No	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
	TS, CAROL A		81 Name	ANDI A. PITTS		
	2905 ST. JOHNS INDUSTRIAL F CKSONVILLE FL 32246-6673	PAHKWAY	82 Street 4 83 84 City	Address (P.O. Boy Number is Not Accepted	e) / . E 	Code /
11. Pursuant t	to the provisions of Sections 607 050	02 and 607, 1508, Florida Statute	s, the above-named of	Ackson ville corporation submits this statement for the p	urpose of changing i	its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by the corp	oration's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE						
12.	Signation, Typical or perfect aron of registeresting OF LICE RS. AN	jert and tion trapplicable INOTE ND DIRECTORS	Registered Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 12
THE	D	DELETE	1.1 TITLE	D ADDITIONAL TRANSPORTED	Change	Addition
	DITTO OADOL A		1		∠ onungo	L Macino
NAME	PILIS, CARUL A		1.2 NAME	PITTS, CAROLA.		
NAME STREET ADDRESS	PITTS, CAROL A 11290-5 ST. JOHNS INDUST	TRIAL PARKWAY	1.2 NAME 1.3 STREEL ADDRESS	PITTS, CAROLA. 138KS HEATHFORD Dr.		
STREET ADDRESS		TRIAL PARKWAY	1.3 STREET ADDRESS	13815 Heathford Dr.	<i>‡</i>	
	11290-5 ST. JOHNS INDUST	TRIAL PARKWAY		13815 Heathford Dr. JAKSONVIlle, FL 32224	✓ Change	Addition
STREET ADDRESS City-ST-7 P	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32246		1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2 1 TITLE	13815 Heathford Dr. JAKSONVILLE, FL 32224 SID	∤ Change	Addition
STREET ADDRESS DITY-ST-7 P TITLE	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32246 D CHITMON, JUSTEN G 11290-5 ST. JOHNS INDUST	DELETE	1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2 1 TITLE	13815 Heathford Dr. JAKSONVILLE, FL 32224 SID		☐ Addition
STREET ADDRESS City-S1-7 P Title NAME	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32248 D CHITMON, JUSTEN G	DELETE	1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2 1 TITLE	1385 Heathford Dr. JAKSONVIlle, FL 32224 SID CHITMON, JUSTEN G 4571 SAN PABLO		□ Addilior 2a2¥
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STREET ADDRESS CITY-ST-7 P TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-2/P TITLE TITLE	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32246 D CHITMON, JUSTEN G 11290-5 ST. JOHNS INDUST	L] DELETE TRIAL PARKWAY L] DELETE	1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-SI-ZIP 4.1 TITLE	1385 Heathford Dr. JAKSONVIlle, FL 32224 SID CHITMON, JUSTEN G 4571 SAN PABLO	RD. S. ☐ Change	2a2↓ □ Addition
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STREET ADDRESS CITY-ST-ZP LITTE NAME STREET ADDRESS CITY-ST-ZIP TITTE	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32246 D CHITMON, JUSTEN G 11290-5 ST. JOHNS INDUST	DELETE TRIAL PARKWAY DELETE	1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2 4 CITY-SI-ZIP 3.1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 6.1 TITLE	1385 Heathford Dr. JAKSONVIlle, FL 32224 SID CHITMON, JUSTEN G 4571 SAN PABLO	RD. S. ☐ Change ☐ Change	Addition Addition
STREET ADDRESS CITY-ST-7 P LITTE NAME STREET ADDRESS CITY-ST-7/P TITH NAME STREET ADDRESS CITY-ST-7/P TITTE NAME	11290-5 ST. JOHNS INDUST JACKSONVILLE FL 32246 D CHITMON, JUSTEN G 11290-5 ST. JOHNS INDUST	DELETE DELETE DELETE DELETE	1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2 4 CITY-SI-ZIP 3.1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP	1385 Heathford Dr. JAKSONVIlle, FL 32224 SID CHITMON, JUSTEN G 4571 SAN PABLO	Change	Addition Addition
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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 efficiency prector 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 attaching with an address.

SIGNATURE

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/7/97 (904)99