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Jan 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000040204 (5)

1. Corporation Name  
CAP DISTRIBUTION, INC.



Principal Place of Business: 11290-5 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246-6673  
Mailing Address: 11290-5 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246-6632

3. Date Incorporated or Qualified: 05/09/1996  
3a. Date of Last Report

21	2. Principal Place of Business 13815 Heathford Dr.	26	2a. Mailing Address 13815 Heathford Dr.	4.	FEI Number 59-3381291	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	23 City & State Jacksonville, FL	28	27 City & State Jacksonville, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24 Zip 32224	25	25 Country USA	29	29 Zip 32224	30	30 Country USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PITTS, CAROL A  
112905 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE FL 32246-6673

81 Name: CAROL A. PITTS  
82 Street Address (P.O. Box Number is Not Acceptable): 13815 Heathford Dr.  
83  
84 City: Jacksonville FL 85 Zip Code: 32224

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 box, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PITTS, CAROL A	1.1 TITLE	P/D PITTS, CAROL A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, CAROL A	1.2 NAME	PITTS, CAROL A.
STREET ADDRESS	11290-5 ST. JOHNS INDUSTRIAL PARKWAY	1.3 STREET ADDRESS	13815 Heathford Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D CHITMON, JUSTEN G	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITMON, JUSTEN G	2.2 NAME	CHITMON, JUSTEN G.
STREET ADDRESS	11290-5 ST. JOHNS INDUSTRIAL PARKWAY	2.3 STREET ADDRESS	4571 SAN PABLO RD. S.
CITY-ST-ZIP	JACKSONVILLE FL 32246	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Carol A. Pitts CAROL A. PITTS 1/7/97 (904) 992-7415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)