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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

2. Principal Place of Business

21 13815 Heathford Dr.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32224

Country

25 USA

2a. Mailing Address

26 13815 Heathford Dr.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32224

Country

30 USA

3. Date Incorporated or Qualified

05/09/1996

3a. Date of Last Report

4. FEI Number

59-3381291

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

9. Name and Address of Current Registered Agent

PITTS, CAROL A
11290-5 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL 32246-6673

10. Name and Address of New Registered Agent

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 how it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PITTS, CAROL A
STREET ADDRESS 11290-5 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ DELETE

NAME CHITMON, JUSTEN G
STREET ADDRESS 11290-5 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME PITTS, CAROL A.
1.3 STREET ADDRESS 13815 Heathford Dr.
1.4 CITY-ST-ZIP Jacksonville, FL 32224

2.1 TITLE S/D ☒ Change ☐ Addition

2.2 NAME CHITMON, JUSTEN G.
2.3 STREET ADDRESS 4571 SAN PABLO RD. S.
2.4 CITY-ST-ZIP JACKSONVILLE FL 32224

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

1/7/97

Daytime Phone #

(904) 992-7415

CR2E034 (9/96)