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Apr 14 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 # **P96000040817 (4)**

1. Corporation Name
SMART DISTRIBUTIONS, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131-2100

3. Date Incorporated or Qualified: 05/06/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2315 BEACH BLVD.
Suite, Apt. #, etc.
22 SUITE 304
City & State
23 JACKSONVILLE BEACH, FL
Zip
24 32250
Country
25 DUVAL

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
65-0667215
☐ 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

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST.
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: RUDY G. THEALE
82 Street Address (P.O. Box Number is Not Acceptable): 2315 BEACH BLVD. SUITE 304,
83 JACKSONVILLE BEACH,
84 City: FL 85 Zip Code: 32250

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S/T ☐ DELETE	1.1 TITLE	P/D ☑ Change ☑ Addition
NAME	Rudy Gerald Theale	1.2 NAME	RUDY C. THEALE.
STREET ADDRESS	2866 E. Oakland Park Blvd.	1.3 STREET ADDRESS	2315 BEACH BLVD, # 304
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE	☐ DELETE	2.1 TITLE	C/S/T. ☐ Change ☐ Addition
NAME		2.2 NAME	RUDY G. THEALE.
STREET ADDRESS		2.3 STREET ADDRESS	2315 BEACH BLVD. #304
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 4/1/97 904 246-7678