

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000043887

1. Corporation Name

DAWN DISTRIBUTORS, INC.

Principal Place of Business

675 SAN PABLO AVE
CASSIDY FL 32707

Mailing Address

675 SAN PABLO AVE
CASSIDY FL 32707

3. Date Incorporated or Qualified

5/11/96

3a. Date of Last Report

1st time

2. Principal Place of Business

21 4101 GL REY ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 #16A

27 City & State

23 ORLANDO FL

28 City & State

24 32808

25 Country

ORANGE

29 Zip

30 Country

4. FEI Number

59-3379043

Applied for

Not Applied

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. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES E FOUT
675 SAN PABLO AVE
CASSIDY FL 32707

81 Name

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

83

84 City

FL

85 Zip Code

32707

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

(If a new registered agent is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRESIDENT
CHARLES FOUT
675 SAN PABLO AVE
CASSIDY FL 32707

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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****173.75 ****173.75

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 137, Florida Statutes, and that it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: