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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary State
DIVISION OF CORPORATIONS

1997

## **FILED** Apr 30 1997 8:00am Secretary of State

| TBL DISTRIBUTORS, INC.  Principal Place of Business  BOOS PANTHED TRAIL STE 703 NAPLES TL 03962  POCCUMENT # P96000052422 (8)  Mailing Address  BOOS PANTHED TRAIL STE 703 NAPLES TL 03962  |  |   |  |  |              |   |                           |                         |                                 |
|---|--|---|--|--|--------------|---|---------------------------|-------------------------|---------------------------------|
|   |  | •   |  |  |              | 3. Date Incorporated or Qua<br>06/18/1996     | lified 3a. [              | Date of Last            | Report                          |
| 2. Principal F  | Place of Business AV   | 2a. Mailing Add                                     | Iress  |  |              | 4. FEI Number                                 |                           |                         | Applied For                     |
| 1457  | 3 Exchange   | 26  | <b>4</b> E   |  |              | 65-0678                                       | <u>اد د</u>               |                         | Not Applicable                  |
| Stite, Apt.   | 世上   | Suite Apt.  | , eic.   |  |              | <ol><li>Certificate of Status Desir</li></ol> | ed 🔲                      |                         | Additional<br>Required          |
| City & Stat   | ite  | City & State  |  |  |              | 6. Election Campaign Finance                  | ing                       |                         | 0 May Be                        |
| 3 NAP   | ves,tr   | 28  |  | ·  |              | Trust Fund Contribution                       |                           | •                       | d to Fees                       |
| Zip<br>T ⇔.l  | LIAL Country   | Zp  | با س   | Country  |              | 6. This corporation has liabi                 | lity for intangibling Yes |                         | s. 199.032,                     |
| 4 34  | 9, Name and Address of Curi  | rent Registered Agent                               | 30   |  |              | Florida Statutes  10. Name and Address of N   |                           |                         |                                 |
| GOI   | LD, DENNIS S ESO.  |   |  | 81 Nam   | 9            |   |                           | <del>-</del>            |                                 |
|   | 5 TAMIAMI TRAIL NORTH STE  | 301   |  | 82 Stree   | t Addres     | ss (P.O. Box Number is Not Ac                 | ceptable)                 |                         |                                 |
| NAP   | PLES FL 34103  |   |  |  |              | · · · · · · · · · · · · · · · · · · ·         |                           |                         |                                 |
|   |  |   |  | 83   |              |   |                           |                         |                                 |
|   |  |   |  | 84 City  |              |   | F                         | 85 Zi                   | p Code                          |
|   |  | ligations of, Section but                           | 7.0505, Florida  | Statutes.  | riporatio    | in a board or directors, i hereb)             |                           |                         |                                 |
| SIGNATURE   | Stignature, typied or printed name of logistered   | spent and title if applicable                       | (NOTE: Regis   | stered Agent signatu   |              |   | DATE                      |                         |                                 |
| SIGNATURE   | Signature, typed or printed name & registered<br>OFFICERS A  | egent and title if applicable                       | (NOTE: Regi  | slered Agent signali<br>13.  |              |   | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE   | Stignature, typied or printed name of logistered   | egent and title if applicable                       | (NOTE: Regi  | stered Agent signatu   |              | when reinstating)                             | DATE                      |                         | DRS IN 12                       |
| SIGNATURE  12.  TITLE  NAME   | Styreture typed or pented name of egictered OFFICERS A  O GOLD, DENNIS S* 2335 TAMIAMI TRAIL NO. ST  | egent and title if applicable AND DIRECTORS         | (NOTE: Regi  | stered Agent signatu<br>13.<br>1.1 TITLE   | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE  12.  THE  NAME  STREET ADDRESS   | Significate hypord or printed name of egistered OFFICERS A  O GOLD, DENNIS S*  | epent and title if applicable AND DIRECTORS  TE 301 | (NOTE: Regi  | stered Agent signalu  13.  1.1 TifLE  1.2 NAME  1.3 STREET ADDRESS  1.4 Cify-ST-ZIP  | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE  12.  THE  NAME  STREET ADDRESS  CITY-ST-7/P  THE   | Styreture typed or pented name of egictered OFFICERS A  O GOLD, DENNIS S* 2335 TAMIAMI TRAIL NO. ST  | epent and title if applicable AND DIRECTORS  TE 301 | (NOTE: Regi  | Stered Agent signali<br>13.<br>1.1 Tifle<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 Tifle   | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-7IP  TITLE  NAME   | Stignature typoid or gented name conglishered OFFICERS A  D GOLD, DENNIS S' 2335 TAMIAMI TRAIL NO. SI NAPLES FL 34103  | epent and title if applicable AND DIRECTORS  TE 301 | (NOTE: Region of the second of | stered Agent signal.  1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TifLE 2.2 NAME   | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE  12.  THE  NAME  STREET ADDRESS  CITY - ST - 7P*  THEF  NAME  STREET ADDRESS  | Stignature typoid or gented name conglishered OFFICERS A  D GOLD, DENNIS S' 2335 TAMIAMI TRAIL NO. SI NAPLES FL 34103  | epent and title if applicable AND DIRECTORS  TE 301 | (NOTE: Reginal Property of the Control of the Contr | SIGNAD ADENT SIGNATURE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12                       |
| SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  DITY - ST - 7/P  TITLE  NAME  STREET ADDRESS  CHY - ST - 7/P   | Stignature typoid or gented name conglishered OFFICERS A  D GOLD, DENNIS S' 2335 TAMIAMI TRAIL NO. SI NAPLES FL 34103  | egent and tole if applicable AND DIRECTORS  TE 301  | (NOTE: Region of the control of the  | stered Agent signal.  1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TifLE 2.2 NAME   | ire required | when reinstating)                             | DATE                      | ID DIRECTO              | DRS IN 12 e Addition a Addition |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY - ST - 71P  TITLE  NAME  STREET ADDRESS  CITY - ST - 71P  TITLE  NAME  STREET ADDRESS  CITY - ST - 21P  | OFFICERS A  OFFICE | egent and tale if applicable AND DIRECTORS  TE 301  | (NOTE: Region of the control of the  | STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  | re required  | when reinstating)                             | DATE                      | D DIRECTO Change Change | ORS IN 12 e Addition e Addition |
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