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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POGOGOGGE 27

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90091 008 ***150.00

1, Corporation				
FINNELL DISTRIBUTING CO., INC.				
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Principal Place	e of Business	Mailing Address		i (881)581 (in inite Bill) 88(1) 88(1) 88)1 satel atte syte Bill (181) 180)
2400 S ST		215 JUNIPER WAY		
LEESBURG FL 34788 TAVARES FL 32778				DO NOT MOITE IN THIS CRACE
US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				-
D. Mailing Address				07/01/1996 4. FEI Number Applied For
		2a. Mailing Address		
21		Suite, Apt. #, etc.		59-3391457 Not Applicable \$8.75 Additional
			5. Certificate of Status Desired Fee Required	
22 City 8 Ct-1		City & State	·	a Starties Compaign Financing \$5.00 May Ro
City & Stat	e	28	,	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	⊢ `	30	Personal Property Tax. Yes No
24	9. Name and Address of Cu			10. Name and Address of New Registered Agent
	<u> </u>		81 Name	
FINNELL, ROBERT A.			00 01-10	tune (D.O. Dan Number in Not Acceptable)
215	JUNIPER WAY		82 Street Add	dress (P.O. Box Number is Not Acceptable)
TAVARES FL 32778			83	
			84 City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statute	es, the above-named cor	paration submits this statement for the purpose of changing its registered
office or r	anistared agent or both in the St	ate of Florida. Such change was at	utnorized by the corporat	ion's board of directors. I hereby accept the appointment as registered
agent, Fa	im familiar with, and accept the of	oligations of, Section 607.0505, Flor	nua Statules.	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature requir	red when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FINNELL, ROBERT A		1.2 NAME	·
STREET ADDRESS	ALE MUNICED WAY			
CITY-ST-ZIP	TAVARES FL 32778		1.3 STREET ADDRESS	
TITLE				
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14. I 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 totate empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: