

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

EARTHSTONE DISTRIBUTORS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **2313 SILVERSTAR RD**

2a. Mailing Address

26 **PO BOX 847729**

3. Date Incorporated or Qualified

JULY 5, 1996

3a. Date of Last Report

4. FEI Number

69-3392197

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

10. Name and Address of New Registered Agent

ARUL MANOHARAN

2313 SILVERSTAR ROAD

ORLANDO, FL 32804

81 Name

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

83

84 City

FL

85

Zip Code

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, 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

(Sign and print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

04. 25. 97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **ARUL MANOHARAN**

STREET ADDRESS **2313 SILVERSTAR RD**

CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ DELETE

NAME **SECRETARY**

STREET ADDRESS **RICHARD RUSSELL**

CITY-ST-ZIP **2313 SILVERSTAR RD**

ORLANDO, FL 32804

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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11 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 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:

ARUL MANOHARAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.25.97

Date

407-522-9112

Daytime Phone #

CR2E034 (9/96)