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

PROFIT CORPORATION ANNUAL REPORT
1998 99

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

06-09-1999 90018 041 ***550.00
P96000072405

FILED
99 OCT 11 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000072405 (9)

1. Corporation Name
G.W. DISTLER & SONS OF FLORIDA, INC.

REINSTATEMENT 98-99
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6249 BENT PINE DR. #913-A ORLANDO FL 32822	1475 TERMINAL WAY SUITE #E RENO NV 89502

3. Date Incorporated or Qualified: 08/28/1996 SP

2. Principal Place of Business
21 291 Altamonte Bay Club Cir
22 Suite, Apt. #, etc. Suite 208
23 City & State Altamonte Springs, FL
24 Zip 32701
25 Country Seminole

2a. Mailing Address
26 P.O. Box 622131
27 Suite, Apt. #, etc.
28 City & State Orlando, FL
29 Zip 32862
30 Country Orange

4. FEI Number: 59-3407399 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DISTLER, JAMES SR.
6249 BENT PINE DR. #913-A
ORLANDO FL 32822

10. Name and Address of New Registered Agent
81 Name George Distler
82 Street Address (P.O. Box Number is Not Acceptable) 291 Altamonte Bay Club Cir #208
83
84 City Altamonte Springs 85 FL Zip Code 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DISTLER, SR., GEORGE W 6942 COUNTRY DAWN RD SAN ANTONIO TX 78240	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition	Distler, Sr George W 291 Altamonte Bay Club Cir #208 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DISTLER, JR, GEORGE W 3139 ROSEDALE BLVD. LOUISVILLE KY 40220	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	V P Distler, Sr, James L. 6243 Bent Pine Dr #814B ORLANDO, FL 32822
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DISTLER, SR, JAMES L 6249 BENTPINE DR #913-A ORLANDO FL 32822	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	200003021052--8 -10/21/99--01070--008 ****350.00 ****350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (10/97)

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: SIGNATURE REQUIRED 4/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0524935