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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90055 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000002163

1. Corporation Name

SUPERIOR DISTRIBUTION SERVICES, INC.



Principal Place of Business

201 INTERNATIONAL DRIVE  
#226  
CAPE CANAVERAL FL 32920

Mailing Address

201 INTERNATIONAL DRIVE  
#226  
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3420359

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7600 RIDGEWOOD AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
CAPE CANAVERAL, FL

Suite, Apt. #, etc.

27 P.O. BOX 309  
28 City & State  
CAPE CANAVERAL, FL

Zip Country

24 32920

25

Zip Country

29 32920-0309

30

9. Name and Address of Current Registered Agent

DETWILER, MARK A  
201 INTERNATIONAL DRIVE  
#226  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

DETWILER, MARK A.

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

7600 RIDGEWOOD AVE

83

84 City

CAPE CANAVERAL

FL

85 Zip Code

32920

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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

MARK A. DETWILER

3/29/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME DETWILER, MARK A  
STREET ADDRESS 201 INTERNATIONAL DRIVE #226  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition  
1.2 NAME DETWILER, MARK A.  
1.3 STREET ADDRESS 7600 RIDGEWOOD AVE.  
1.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Mark A. Detwiler  
President

3/29/99

(407) 868-2061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)