

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000032373 (7)

1. Corporation Name

PILOT DISTRIBUTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% BISCAYNE REGISTERED AGENTS, INC.
2222 PONCE DE LEON BLVD., SIXTH FLOOR
CORAL GABLES FL 33134

Mailing Address
% BISCAYNE REGISTERED AGENTS, INC.
2222 PONCE DE LEON BLVD., SIXTH FLOOR
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 4829 SE Quail Tr.

2a. Mailing Address

26 4829 SE Quail Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Stuart, FL

27 City & State

28 Stuart, FL

24 Zip Country

34997

29 Zip Country

34997

30

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

BISCAYNE REGISTERED AGENTS, INC.
2222 PONCE DE LEON BLVD.
SIXTH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Edgar L. Holmes

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

4829 SE Quail Trail

83

84 City

Stuart

FL

85 Zip Code

34997

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

Edgar L. Holmes

Edgar L. Holmes

4/29/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MUNSHOWER, JOHN
STREET ADDRESS
P.O. BOX 1998 N/A
CITY-ST-ZIP
KEY LARGO FL 33037

TITLE ☐ DELETE

NAME
Holmes, Edgar Pres.
STREET ADDRESS
4829 SE Quail Tr.
CITY-ST-ZIP
Stuart, FL.

TITLE ☐ DELETE

NAME
Munshower, Linda
STREET ADDRESS
P.O. Box 1999
CITY-ST-ZIP
Key Largo, FL 33037

TITLE ☐ DELETE

NAME
Louise Ann King
STREET ADDRESS
4829 SE Quail Trail
CITY-ST-ZIP
Stuart, FL 34997

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

SIGNATURE

Edgar L. Holmes

Edgar L. Holmes

4/29/98

561-287-3522

CR2E034 (10/97)