

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

FILED
Apr 08 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 # P97000039439 (9)

1. Corporation Name
SOUTHEAST DISTRIBUTING, INC.

Principal Place of Business
5151-14 SUNBEAM ROAD
JACKSONVILLE FL 32257

Mailing Address
5151-14 SUNBEAM ROAD
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 7084 DAVIS CREEK RD	26 7084 DAVIS CREEK RD		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 JACKSONVILLE FL		28 JACKSONVILLE FL	
Zip	Country	Zip	Country
24 32256	25 USA	29 32256	30 USA

3. Date Incorporated or Qualified
05/02/1997

4. FEI Number	Applied For
59-3446316	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WESTLING, DALE G SR
331 E UNION STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, 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

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	D	DELETE
NAME	MCILRATH, WILEY	
STREET ADDRESS	5151-14 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	DELETE
NAME	MONTGOMERY, MITCHELL R	
STREET ADDRESS	5151-14 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	DELETE
NAME	HOLMES, LOCKWOOD P	
STREET ADDRESS	5151-14 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	DELETE
NAME	GRANGER, JAMES W	
STREET ADDRESS	5151-14 SUNBEAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7084 DAVIS CREEK ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE - FL - 32256	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	9440 PHILLIPS HWY	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	6550 ROOSEVELT BLVD	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32244	
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7084 DAVIS CREEK ROAD	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wiley M. McGrath

1/20/98 904-288-8888

CR2E034 (10/97)