

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000039439

1. Corporation Name

SOUTHEAST DISTRIBUTING, INC.

Principal Place of Business

7084 DAVIS CREEK RD
JACKSONVILLE FL 32256
US

Mailing Address

7084 DAVIS CREEK RD
JACKSONVILLE FL 32256
US

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90065 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

59-3446316

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

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

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, 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	DE	<input checked="" type="checkbox"/> DELETE
NAME	MCILRATH, WILEY	
STREET ADDRESS	7084 DAVIS CREEK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVP DVP	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, MITCHELL R	
STREET ADDRESS	9440 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, LOCKWOOD P	
STREET ADDRESS	6550 ROOSEVELT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GRANGER, JAMES W.	
STREET ADDRESS	7084 DAVIS CREEK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Calam		
1.3 STREET ADDRESS	7084 Davis Creek Rd.		
1.4 CITY-ST-ZIP	Jax, FL 32256		
2.1 TITLE	Old President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	David McQuitty		
2.3 STREET ADDRESS	7084 Davis Creek Rd		
2.4 CITY-ST-ZIP	Jax, FL 32256		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)