

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90013 027 ***150.00

DOCUMENT # **P97000047026**

1. Corporation Name

ALL AMERICAN DISTRIBUTING, INC.

Principal Place of Business

**500 N.E. EIGHTH AVE.
OCALA FL 34470**

Mailing Address

**P O BOX 1943
BELLEVUE FL 34421
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-3447853

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

3421 SE 95TH ST

Suite, Apt. #, etc.

22

City & State

OCALA FL

Zip

34480

Country

USA

2a. Mailing Address

3421 SE 95TH ST

Suite, Apt. #, etc.

27

City & State

OCALA FL

Zip

34480

Country

USA

9. Name and Address of Current Registered Agent

**AMATEA, FRANK C
500 N.E. EIGHTH AVE.
OCALA FL 34470**

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

☐ DELETE

NAME **EARNEST, CHARLES C JR**

STREET ADDRESS **3401 SE 95TH ST**

CITY-ST-ZIP **OCALA FL 34480**

TITLE **V** ☒ DELETE

NAME **MATEA, FRANK C**

STREET ADDRESS **500 NE 8TH AVE**

CITY-ST-ZIP **OCALA FL 34470**

TITLE **V** ☒ DELETE

NAME **FUGATE, STEVEN ERIC**

STREET ADDRESS **3257 SE 133TH PL**

CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **ST** ☒ DELETE

NAME **EARNEST, NANCY**

STREET ADDRESS **3401 SE 95TH ST**

CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ DELETE

NAME **SIGN & DATE**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/T/15

9815 SE 140TH ST

SUMMERFIELD FL 34491

☒ Change ☐ Addition

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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:

CHARLES C. EARNEST JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 (352) 245 3697

CR2E034 (11/98)