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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90158 008 ***150.00

DOCUMENT # P97000052315

1. Corporation Name

OSPREY DISTRIBUTING CO., INC.

9 HAWTHORNE LANE

LAKE WORTH FL 33462

STREET ADDRESS

CiTY-ST-ZIP

Principal	Place	of	Business
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O HANTHOONE LANE

Mailing Address

O HAWTHODAY I AME



LAKE WORTH		LAKE WORTH FL 33462					
Cane womin	1 2 30 702	2.112 1131111 TE 30102			DO NOT WRITE	IN THIS SPACE	
Ì					3. Date Incorporated or Qualifed		
					06/13/1997		
2. Principal P	Place of Business	2a. Mailing Address		,	4. FEI Number	Ap	plied For
21 9 4/	AUTTONIE LANE	26 9 HAWThOR	NE	LANE	65-0760966	No No	t Applicable
Suite, Apt.	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	Suite, Apt. #, etc.	/ 4 /	7.,07-	_	¬ \$8.75 A	dditional
22		27			5. Certificate of Status Desired L	Fee Re	quired
City & Stat	te .	City & State	•		6. Election Campaign Financing	\$5.00	May Be
23 BOY	NTON BEACH FL	28 BOGNTON E	BEAC	of FC	Trust Fund Contribution	Added t	- 1
Zip	_ Country	Zip	Country	-),	8. This corporation owes the current	year Intangible	
24 334	26 25	29 33426 30]		Personal Property Tax.	☐Yes	₩ 0
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Reg	istered Agent	
,	1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81	Name			
	ERILAWYER CHARTERED	•	82	Street Addre	ess (P.O. Box Number is Not Acceptable		_
	ALMERIA AVENUE		. 62	Street Addre	sss (F.O. Box Number is Not Acceptable	• •	
COR	RAL GABLES FL 33134		83				
	EAL ALKE TO KEE			0''			\
] .	10.00 (1.00 TAC)		84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corpo	pration submits this statement for the pur	rpose of changing its	registered
l office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corporation	n's board of directors. I hereby accept the	ne appointment as reg	gistered
_	itt farrinar with, and accept the conguit	013 01, 00011011 007 10000, 1 101100	Oldidioo	•			1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Agen	it signature required	t when reinstating)	DATE	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND		pistered Agen	it signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
				it signature required			RS IN 12
12.	OFFICERS AND TOOMBS, THOMAS W	DIRECTORS	13.	it signature required		ERS AND DIRECTO	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE