

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  
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.

Principal Place of Business  
9 HAWTHORNE LANE  
LAKE WORTH FL 33462

Mailing Address  
9 HAWTHORNE LANE  
LAKE WORTH FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/13/1997

4. FEI Number  
65-0760966

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

21 9 HAWTHORNE LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 9 HAWTHORNE LANE  
Suite, Apt. #, etc.

22 City & State  
23 BOYNTON BEACH, FL

24 Zip 33426 25 Country

27 City & State  
28 BOYNTON BEACH, FL

29 Zip 33426 30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMBS, THOMAS W	1.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33462	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMBS, LINDA M	2.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33462	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DOUGLAS	3.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	3.3 STREET ADDRESS	264 PATRICK AVE. SW
CITY-ST-ZIP	LAKE WORTH FL 33462	3.4 CITY-ST-ZIP	CONCORD, NC 28025
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ANGELA T	4.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	4.3 STREET ADDRESS	264 PATRICK AVE. SW
CITY-ST-ZIP	LAKE WORTH FL 33462	4.4 CITY-ST-ZIP	CONCORD, NC 28025
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID	5.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	5.3 STREET ADDRESS	20639 429TH AVE
CITY-ST-ZIP	LAKE WORTH FL 33462	5.4 CITY-ST-ZIP	DESMET, SD 57231
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAMELA T	6.2 NAME	
STREET ADDRESS	9 HAWTHORNE LANE	6.3 STREET ADDRESS	20639 429TH AVE
CITY-ST-ZIP	LAKE WORTH FL 33462	6.4 CITY-ST-ZIP	DESMET, SD 57231

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: \_\_\_\_\_ DATE: 4/13/99 DAYTIME PHONE #: 561 443-8523

CR2E034 (11/98)