

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

001326

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000004680

1. Corporation Name
BAY DISTRIBUTORS, INC.

Principal Place of Business
**ONE NATIONAL DRIVE, SW
ATLANTA GA 30336**

Mailing Address
**PO BOX 44127
ATLANTA GA 30336**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

58-0516238

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

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**DAVIS, GENE
4901 SAVARESE CIR NORTH
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

Norman Bonchick

82 Street Address (P.O. Box Number is Not Acceptable)

441 SW 12th Avenue

83

84 City

Deerfield Beach

FL

85 Zip Code
33442

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 **Norman Bonchick**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/99

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY-ST-ZIP	

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	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael C. Carlos
1.3 STREET ADDRESS	One National Drive
1.4 CITY-ST-ZIP	Atlanta, GA 30336

2.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jay M. Davis
2.3 STREET ADDRESS	One National Drive
2.4 CITY-ST-ZIP	Atlanta, GA 30336

3.1 TITLE	Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andrew C. Carlos
3.3 STREET ADDRESS	One National Drive
3.4 CITY-ST-ZIP	Atlanta, GA 30336

4.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John A. Carlos
4.3 STREET ADDRESS	One National Drive
4.4 CITY-ST-ZIP	Atlanta, GA 30336

5.1 TITLE	Executive VP & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Herbert J. Rosenberg
5.3 STREET ADDRESS	One National Drive
5.4 CITY-ST-ZIP	Atlanta, GA 30336

6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	H. S. Selwyn
6.3 STREET ADDRESS	3316 Perkins Road
6.4 CITY-ST-ZIP	Augusta, GA 30906

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:



Andrew C. Carlos 1/21/99 404)696-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)