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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2001 8:00 am DOCUMENT # P98000019085 Secretary of State INTERCOASTAL DISTRIBUTORS OF NORTH FLORIDA, INC. 05-04-2001 90108 042 ***150.00 Principal Place of Business Mailing Address 10255 FORTUNE PARKWAY 1740 SOUTH SEGRAVE STREET BLDG 5. SUITE 100 DAYTONA FL 32119 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3504022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIM, JOHN Street Address (P.O. Box Number is Not Acceptable) 2425 SOUTH VOLUSIA AVE, B-2 ORANGE CITY FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE PRICE STEPHEN MAHONEY, JOHN T NAME NAME 233 TALLWOOD STREET ADDRESS 4245 S ATLANTIC AVENUE STREET ADDRESS WILBUR BY THE SEA FL 32127 CITY-ST-ZIP TACKSONVILLE FL CITY-ST-ZIP Delete TITLE DTLE WATSON, JOBIE R JR NAME NAME STREET ADDRESS 1250 WOODMERE DR STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE STONE, STEPHEN J NAME NAME STREET ADDRESS 4038 S PENINSULA DRIVE STREET ADDRESS CITY-ST-ZIP WILBUR BY THE SEA FL 32127 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete MCGINLEY, JAMES M NAME NAME 4234 S ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS **WILBUR BY THE SEA FL 32127** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MAHONEYW, PATRICK J NAME NAME 1885 BERKELEY COURT STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE PATIN, JR. WILLIAM J NAME NAME 30 ZEPHYR LILY TR STREET ADDRESS STREET ADDRESS PALM COAST FL 32135 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a supplemental 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes are supplementally attached by the same attachment with a supplemental report is true and accurate and the supplemental report is true and accurate and the supplemental report is true and accurate and the supplemental report is true attached by the

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001 904.262.8453