PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024905

EXPRESS FLORIDA DISTRIBUTION, INC.

Dringing Diag							E HARITRAN INA ANTEN CANTO RANTO BANK		1811 81818	19191 44	
8205 SR 207	e of Business		ailing Address 05 SR 207								
HASTINGS FL 32145 HASTINGS FL 32145							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							03/13/1998				
A 61 1 1 1 5	N	120	Mailing Address				4. FEI Number			Appl	led For
2. Principal Place of Business			¬								Applicable
Suite, Apt.	# ptc	26	Suite, Apt. #, etc.						\$8.	75 Ad	ditional
	#, 8 (C.	27	Outo, 1 por 11, 01				5. Certificate of Status Desired		Fe	e Req	uired
City & Sta	·		City & State				6. Election Campaign Financing		\$5	.00 w	lay Be
23		28	-				Trust Fund Contribution		Ad	of beb	Fees
Zip	Country		Zip .	Cour	ntry		8. This corporation owes the curre	nt year Inte	engible		
24	25	29		30			Personal Property Tax.		☐ Yes		3No
<u>1</u>	9. Name and Addres	s of Current Regis	stered Agent				10. Name and Address of New R	egistered /	Agent		
					81	Name					
HAL	1, Charles e Jr			ŀ	82	Street Addre	ss (P.O. Box Number is Not Accepta	bie)			
25 OLD MISSION AVE.											
ST.	AUGUSTINE FL 32084			ſ	83	-					
				}	B4	City			85	Zip Co	ode
				i	1	•	ration submits this statement for the	FL		,	
	Signature, typed or printed name of				- Court	signatura required	ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRE	CTOR	S IN 12
12.	OF	FICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE ☐ Cha		S IN 12
TITLE	D		☐ DELETÉ	1.1 1111							
NAME	BURKE, ROBERT A			1.2 NA							
STREET ADDRESS	8205 SR 207										
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CITY-ST-ZIP	HASTINGS FL 32145	<u>. </u>	□ ncière	1.4 CIT	Y-ST	i			∏ Cha	noe	Addition
TITLE	HASTINGS FL 32145	<u>. </u>	☐ DELETE	1.4 CIT 2.1 TIT	Y-ST	i			Cha	nge	Addition
TITLE NAME	HASTINGS FL 32145 PVST BURKE, ROBERT A	<u>. </u>	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST- LE ME	-ZIP			Cha	nge	Addition
TITLE NAME STREET ADDRESS	HASTINGS FL 32145 PVST BURKE, ROBERT A 8205 SR 207		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STF	Y-ST- LE ME REET	-ZIP ADDRESS			Cha	nge	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HASTINGS FL 32145 PVST BURKE, ROBERT A 8205 SR 207		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI	Y-ST- LE ME REET/ TY-ST LE	-ZIP ADDRESS					
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CITY-ST-ZIP

14. I hereby cartify 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 ampowered 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.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90140 020 ***150.00