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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000108434

1. Corporation Name

EMPIRE DISTRIBUTION OF JACKSONVILLE, INC.

| Principal Place of Business Mailing Address | | | | | [[88] [88] HE (BEST 1891) 88(1) 88(1) 88(1) 88(1) 189(1) 189(1) 189(1) 189(1) | |
|--|--|--|--|---|---|-----------------|
| 27 SPRING PARK RD. UNIT 1 CKSONVILLE FL 32207 | | 2627 SPRING PARK RD. UNIT 1 JACKSONVILLE FL 32207 | | | 20 1107 11101777 111 71110 071407 | |
| | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | 12/31/1998 4. FEI Number — Applied Fo | - |
| 2. Principal P | tace of Business | 2a. Mailing Address | | | 4. FEI Number 3549750 - Applied Fo | |
| 1 | | 26 Suite Ant # etc | | | \$8.75 Additions | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required | 21 |
| City & State | | City & State | | | | |
| - · | u | 28 | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| 3 Zip | Country | Zip | Cou | ntrv | This corporation owes the current year Intangible | |
| ¬ ' | 25 | 29 | 30 | , | Personal Property Tax. Yes No | |
| 4 | 9. Name and Address of Current | | 100 | | 10. Name and Address of New Registered Agent | |
| | 5. Ivalile did radiose 5. College | , ttagiotat ttgo | | 81 Name | | |
| KOHL | HORST, LONNIE | | | | | |
| 2627 SPRING PARK RD, UNIT 1 | | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| | SONVILLE FL 32207 | | | 83 | , 1 | |
| ***** | | | | | | |
| | | | | 84 City | FL 85 Zip Code | |
| 44 D | 4- No | and CO7 1509 Clorida Ctatu | tec the a | hove named or | orporation submits this statement for the purpose of changing its register | ed |
| office or a | egistered agent, or both, in the State of m familiar with, and accept the obligation | if Florida. Such change was a | authorized | i by the corpor | ation's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if englicable. (NOT) | E: Registered | Agent signature reg | quired when reinstating) DATE | - Ì |
| 12. | OFFICERS ANI | | | | | |
| TITLE | | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | 2 |
| | n | DIRECTORS | 1.1 TI | TLE: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | |
| NAME | D KOHLHORST LONNIE | | | | | |
| NAME | KOHLHORST, LONNIE | | 1.1 Π 1.2 N/ | WE | | |
| STREET ADDRESS | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | | 1.1 TT 1.2 N/ 1.3 ST | TREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | KOHLHORST, LONNIE | | 1.1 TT 1.2 N/ 1.3 ST | TY-ST-ZIP | | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | ☐ DELETE | 1.1 TT 1.2 N∕ 1.3 ST 1.4 CI 2.1 TT | TREET ADDRESS TY-ST-ZIP | ☐ Change ☐ Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | ☐ DELETE | 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ | TREET ADDRESS TY-ST-ZIP TLE | ☐ Change ☐ Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | ☐ DELETE | 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST | TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS | ☐ Change ☐ Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | ☐ DELETE | 1.1 TT 1.2 N/ 1.3 ST 1.4 Cl 2.1 TT 2.2 N/ 2.3 ST 2.4 C | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP | Change Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 | ☐ DELETE | 1.1 Π 1.2 N 1.3 ST 1.4 CI 2.1 Π 2.2 N 2.3 ST 2.4 C 3.1 Π | TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TRY-ST-ZIP TLE | Change Ac | ddition |
| STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | ☐ DELETE | 1.1 TT 1.2 N/ 1.3 ST 1.4 CC 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ | TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE | Change Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | ☐ DELETE | 1.1 II 12 NV 1.3 SI 1.4 CI 2.1 III 22 NV 2.3 SI 2.4 CI 3.1 III 3.2 NV 3.3 SI | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS | Change Ac | ddition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | ☐ DELETE | 1.1 Π 1.2 N/ 1.3 SI 1.4 CI 2.1 Π 2.2 N/ 2.3 SI 2.4 C 3.1 Π 3.2 N/ 3.3 S' 3.4 C 4.1 Π 4.2 N/ | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE AME | Change Ac | ddition ddition |
| STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | ☐ DELETE | 1.1 Π 1.2 N/ 1.3 SI 1.4 CI 2.1 Π 2.2 N/ 2.3 SI 2.4 C 3.1 Π 3.2 N/ 3.3 S' 3.4 C 4.1 Π 4.2 N/ 4.3 S' | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME | Change Ac | ddition ddition |
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| STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | DELETE DELETE | 1.1 III 12 NV 1.3 SI 1.4 CI 22 NV 2.3 SI 2.4 C 3.1 II 3.2 NV 3.3 S' 3.4 C 4.1 II 4.2 NV 4.3 SC 1.1 II 5.2 NV 5.3 SI 5.3 S | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME | Change Ac | ddition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | KOHLHORST, LONNIE 2627 SPRING PARK RD, UNIT 1 JACKSONVILLE FL 32207 | DELETE DELETE DELETE | 1.1 IT 12 NV 1.3 ST 1.4 CC 2.1 IT 2.2 NV 2.3 ST 2.4 CC 3.1 IT 3.2 NV 3.3 S' 3.4 .C 4.1 IT 4.2 NV 4.3 S' 4.4 CC 5.1 IT 5.2 NV 5.3 ST 5.4 CC 5.5 ST 5.5 | TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP | Change Ac | ddition ddition |
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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 suppliemental 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 of 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 any address, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 043 ***150.00