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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

## **FILED** Feb 02 1998 8:00am Secretary of State

Frincipal Place of Business   Making Address   P O EDX 2220   ST. AUGUSTINE FL 2295   ST. AUGUSTINE FL	FIRST COAST DISTRIBUTORS, INC.					R HOUSE HEL GOLFE BRIDE BIJER JOHN ING HOUSE	I 1818)) Dibir Dabil Sadı	II BERKURUK
Principal Place of Business   Mailing Andress   P. D. BOX 2220   ST. AUGUSTINE FL 32095   ST. AUGUSTINE FL 32095-2220   St. Augustiness   2.a. Mailing Address   3. Date incorporated or Guasilied   O. 9/04/1990   St. FE remisered   St. Control and of Status Desired   St. Control and of St. Control an	1							
S.T. AUGUSTINE FL 32095 US  S. Date Incorporate of Gustines  2. Mailing Address 2. Mailing Address 3. Date Incorporate of Gustines 3. Date Incorporate	Principal Plac	e of Business	Mailing Address				4 8   D   1 0 1 E   1 0 3 E   1 0 1 E	il Pisii fabi
ST. AUGUSTINE FI. 2005  S. Date Incorporated or Qualified Ogn(A/1990  2. Principal Pace of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified Ogn(A/1990  4. FEI Number S. Silve, Apt. e, etc. 2. Sulle, Apt. e, etc. 2. Sulle	1945 S.R. 16	1945 S.R. 16 P. O. BOX 2220						
3. Data Interported or Qualified Oggo.   Appl.   Applied For   Sulp.   Applied For   Sulp.   Applied For   Sulp.   Applied For   Sulp.   Appl.   Applied For   Sulp.   Appl.   Applied For   Sulp.   Appl.   A	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							_
Applied For	US		US				HIS SPACE	
2.   Mailing Address   2.   Mailing Address   3.   4.   FEI Number								
Suite, Apt. 6, etc.    Suite, Apt. 6, etc.								
Solite, Apt. 6, etc.    Suite, Apt. 6, etc.   Suite, Apt. 6, etc.   Status Desired   St. 75 Additional Pice Required   City & State   City &	<del></del>	lace of Business	<u> </u>				<del></del>	
City & State	<del></del>					59-3027741		
City & State    City & State   City & State   City & State   Country   Zip   R. This corporation owes or has paid the current year intemplate   Personal Property Tax due June 30.	<b>⊢</b>	#, e(C.	<u> </u>			5. Certificate of Status Desired		
28			_ <del></del>	. <u></u>				
Zip	<u>⊢</u> '	•	<del>  </del>			1		
25   25   30   Personal Property Tax due Jume 30.   Yes   No.		Country		Country				
9. Name and Address of Current Registered Agent  SANDERS, WM. MARTIN, III 3821 BARBARA TERRACE ST. AUGUSTINE FI. 32086  11. Parasit to the provisions of Sections 807 0502 and 807 1505. Piorida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent, or both, in this State of Piorida, Such change was automorbed by the corporation automits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Piorida, Such change was automorbed by the corporation automits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes,  SIGNATURE Signatura hoped or protect many are greated agent and line it registered. Or CPTC Registered Agent agents registered when reinhalding  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  V OFFICERS AND DIRECTORS 11. STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  V SANDERS, WM. MARTIN, III  3921 BARBARA TERRACE  ST. AUGUSTINE FL  11. STREET ADDRESS  CITY-57-2P  ITILE  DELETE  13. TITLE  14. Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  Addition  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change Addition  ADDITIONS/CHANGES TO OFFICERS AND Change ADDITIO	<b>—</b>					, · · · · · · · · · · · · · · · · · · ·		
SANDERS, WM. MARTIN, III  3921 BARBARA TERRACE  ST. AUGUSTINE FL 20066  85  86  87  86  87  88  88  88  88  88  89  80  80  81  81  81  82  Street Address (P.O. Box Number is Not Acceptable)  85  85  86  87  87  88  88  88  88  88  88  88	1							
S22 I BARBARA TERRACE ST. AUGUSTINE FI. 32086  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Forida Statutes, the above-named composition submits this statement for the purpose of changing its registered agent, or both, in the State of Riorida, Such change was authorated by the comparation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions of sections got 7.0502 and 607.0505, Florida Statutes.  SIGNATURE Signature, the provisions are sections got of directors. I hereby accept the appointment as registered agent, or both the appointment as registered agent, or both the provisions and the provisions and the provisions are registered agent, or both the appointment as registered agent, or both the comparing the provisions and the provisions and the provisions and the provisions are registered when rehalating  DELETE 11.1TILE  SIGNATURE  SIGNATUR	SA	NDERS, WM. MARTIN. III		81	Name			
ST. AUGUSTINE FL 32086  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named comporation submits this attatement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of chrectors. I hereby accept the appointment as registered agent, and accept the oldigations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Typed or preser leave of ingressed agent with the sportcate.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  V OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. MAKE  SIRECT ADDRESS  SOLT ST. AUGUSTINE FL  DELETE  13. TITLE  V DELETE  14. TITLE  V DELETE  14. TITLE  V DELETE  15. TITLE  V DELETE  15. TITLE  V DELETE  16. TITLE  V DELETE  17. ST. ZIP  TITLE  V DELETE  17. ST. ZIP  TITLE  DELETE  18. TITLE  DELETE  19. TITLE  DELETE  19. TITLE  DELETE  10. Thange  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addi				92	Ctroot Addr	and (B.O. Day Number is Not Assentable)	<del></del>	
SS   SHEET ADDRESS   ST. AUGUSTINE FL   DELETE   ST. TITLE   DELETE   ST. TITLE   DELETE   ST. AUGUSTINE FL   DE	1			02	Street Addit	ess (F.O. Box Number is Not Acceptable)		1 755 15
11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are that it is state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 are from familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  CITY-ST-ZP  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  CITY-ST-ZP  14. CITY-ST-ZP  15. TITLE  16. Change Addition  16. Addition  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  20. ADDI				83			V , , , , , , , , , , , , , , , , ,	
11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing his registered agent, are that it is state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are that in a directory that obligations of, Section 807.0505, Florida Statutes.  SIGNATURE  Signature, typed or privide remain of registered agent will that it applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  TITLE  OFFICERS AND DIRECTORS In 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12.  TITLE  SANDERS, WM. MARTIN, III  12 NAME  SANDERS, WM. MARTIN, III  12 NAME  SANDERS, LYNDA S.  SITEET ADDRESS  GITY-ST-2P  TITLE  P								
The pursuant to the provisions of Sections 807,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807,0505, Florida Statutes.    SIGNATURE				84	City		FL  85   ZIP (	Jode
SIGNATURE    Signature   Signa	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	e-named corp			s registered
SIGNATURE    Signature   Signa	office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Such change was a atlons of Section 607.0505. Flo	uthorized by ida Statute:	y the corporati s.	ion's board of directors. I hereby accept the	appointment as	registered
Signature, hyped or private grams of implications depend and like if applications. (NOTE: Replainance Agont signature required when inhigatory)   DATE	1	with a second with a second	310,10 01, 00011011,551, 10000, 1101	jaa etalais	<b>.</b>		=	
TITLE	SIGNATURE	Signature, typed or printed name of registered age	ent and title it applicable. (NOTE:	Registered Age	ent signature require	ad when reinstating) DA	(TE :	
NAME STREET ADDRESS SP21 BARBARA TERRACE ST. AUGUSTINE FL TITLE P NAME SINEET ADDRESS SP21 BARBARA TERRACE ST. AUGUSTINE FL TITLE P NAME SINEET ADDRESS SP21 BARBARA TERRACE SINEET ADDRESS SP21 BARBARA TERRACE STREET ADDRESS SP21 BARBARA TERRACE ST. AUGUSTINE FL  DELETE ST. AUGUSTINE FL  DELETE ST. AUGUSTINE FL  DELETE ST. AUGUSTINE FL  DELETE ST. AUGUSTINE FL  Change Addition Addition NAME SINEET ADDRESS CITY-ST-ZIP  TITLE DELETE ST. AUGUSTINE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET AD	12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		S IN 12
STREET ADDRESS CITY-ST-ZIP TITLE SANDERS, LYNDA S. STREET ADDRESS CITY-ST-ZIP TITLE SANDERS SAN	TITLE	V	OÈLETE	1.1 TITLE	l		☐ Change	Addition 3
ST. AUGUSTINE FL	NAME							
TITLE P DELETE 2.1 TITLE ANDRESS SANDERS, LYNDA S. STREET ADDRESS SPET ADDRESS ST. AUGUSTINE FL  TITLE DELETE 3.1 TITLE 2.2 NAME STREET ADDRESS ST. AUGUSTINE FL  DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE 5	STREET ADDRESS			1.3 STREET	ADDRESS			[
NAME SANDERS, LYNDA S. 3921 BARBARA TERRACE CITY-ST-ZIP ST. AUGUSTINE FL DELETE 1. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 1. DELETE 1. TITLE 1. DELETE 1. DELETE 1. TITLE 1. D					T-ZIP			}
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 4.1 TITLE  Addition  Addition  NAME STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE S.3 STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  S.4 CITY-ST-ZIP  DELETE S.3 STREET ADDRESS CITY-ST-ZIP  S.5 STREET ADDRESS CITY-ST-ZIP  S.6 CITY-ST-ZIP  S.7 STREET ADDRESS CITY-ST-ZIP  S.8 STREET ADDRESS CITY-ST-ZIP  S.9 STREET ADDRESS CITY-ST-ZIP	ſ	•	L_1 DELETE	1	1		L Change	Addition
CITY-ST-ZIP   ST. AUGUSTINE FL	NAME	-		2.2 NAME				
TITLE         DELETE         3.1 TITLE	STREET ADDRESS	–		2.3 STREET	ADDRESS			
NAME					ST~ZIP		·	<del></del> _
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	1 :	<del></del>			.		L Change	☐ Yaqitioù
STREET ADDRESS   SA CITY-ST-ZIP   SA CITY-ST-ZIP   Change   Addition	[ ]							1
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         Change         Addition           STREET ADDRESS         4.4 CITY - ST - ZIP         Change         Addition           NAME         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY - ST - ZIP         Change         Addition           NAME         5.4 CITY - ST - ZIP         Change         Addition           NAME         6.2 NAME         CITY - ST - ZIP         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CITY - ST - ZIP         Change         Addition						·		1
NAME			T Dri cri		ST-ZIP		1 0	- I A of office a
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP			☐ DELETE	1			Unange	L Addition
CITY-ST-ZIP				1				ļ
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           NAME         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP								-
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP			I DELETE				Chago	Addition
STREET ADDRESS	1 1		☐ nereis	1			r i cuaniie	T Virgingu
CITY-ST-ZIP					Apportor			
TITLE	1 i							
NAME  STREET ADDRESS  G1Y - ST - ZIP  6.4 CITY - ST - ZIP			NEI ETE		or-ZIP		Change	Addition
STREET ADDRESS  CITY - ST - ZIP  6.3 STREET ADDRESS  6.4 CITY - ST - ZIP	i i		LI DELLETE	1			Change	TT VOUNDII
CITY-ST-ZIP 6.4 CITY-ST-ZIP	i i				ADDOGGO			
	i			1				
		certify that the information supplied w	ith this filing does not qualify for			Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the	information

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.

SIGNATURE: