

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S16693

(1)

1. Corporation Name

JOHN'S PASS DISTRIBUTION, INC.



Principal Place of Business

555 1/2 150TH AVE.  
MADEIRA BCH. FL 33708  
US

Mailing Address

4201 W TAMPA BAY BLVD  
TAMPA FL 33614  
US

3. Date Incorporated or Qualified  
12/06/1990

3a. Date of Last Report  
08/15/1995

2. Principal Place of Business

21 124 131st Avenue E.

Suite, Apt. #, etc.

22

City & State

23 Madeira Beach, FL

Zip

24 33708

Country

25 USA

2a. Mailing Address

26 124 131st Avenue E.

Suite, Apt. #, etc.

27

City & State

28 Madeira Beach, FL

Zip

29 33708

Country

30 USA

4. FEI Number

59-3086773

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOUGHTON, WILLIAM R.  
4201-50TH AVENUE SOUTH  
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

124 131st Avenue E.

83

84 City

Madeira Beach

FL

85 Zip Code

33708

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

W. R. Houghton

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when filing this report)

5-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KATSOULIS, KOSTAS  
STREET ADDRESS 1840 RENE-LEVESQUE EST  
CITY - ST - ZIP MONTREAL, QUEBEC

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

W. R. Houghton

W. R. HOUGHTON

President

5-22-96

813-875-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)