

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:47

DOCUMENT # S20177 (9)

1. Corporation Name

CAROUSEL DISTRIBUTING, INC.

Principal Place of Business

951 E. KINGFIELD ROAD
CANTONMENT FL 32533

Mailing Address

951 E. KINGFIELD ROAD
CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1990

3a. Date of Last Report

06/01/1994

2. Principal Place of Business

2a. Mailing Address

21 3951 Mellon Rd.

26 3951 Mellon Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pensacola, FLA.

28 Pensacola, FLA.

24 Zip

Country

29 Zip

Country

32507

25 Escambia

32507

30 Escambia

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

10. Name and Address of New Registered Agent

THOMAS, TERRY L.
951 E. KINGFIELD ROAD
CANTONMENT FL 32533

81 Name

Jerry Thomas

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

5756 Nowling Dr.

83

84 City

Milton

FL

85

Zip Code

32583

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

Jerry Thomas

(NOTE: Registered Agent signature required when completing)

5/30/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

THOMAS, TERRY L.
951 E. KINGFIELD ROAD
CANTONMENT FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

THOMAS, JERRY
5756 NOWLING DR.
MILTON FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

ST
THOMAS, CHARLOTTE
5756 NOWLING DR.
MILTON FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ 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 110.07(3)(a), 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:

Jerry Thomas (Jerry Thomas)

Date

4-27-95

Daytime Phone #

904-455-4890