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FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S25484**

(4)

1. Corporation Name

**SOUTHEAST DISTRIBUTION, INC.**



Principal Place of Business

**SOUTHEAST DISTRIBUTION INC.  
6015 BENJAMIN ROAD, SUITE 319  
TAMPA FL 33634**

Mailing Address

**SOUTHEAST DISTRIBUTION INC.  
P.O. BOX 130198  
TAMPA FL 33681-0198**

3. Date Incorporated or Qualified

**01/17/1991**

3a. Date of Last Report

**12/11/1996**

2. Principal Place of Business

21 **P.O. Box 130198**

2a. Mailing Address

26 **(as above)**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tampa Florida**

27 City & State

23 City & State

28 City & State

24 **33681-0198**

25 **Hillsborough**

29 Zip

30 Country

4. FEI Number

**59-3041781**

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

**FINCHER, ROBERT N  
2709 CHAMBRAY LN  
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ DELETE  
NAME: **FINCHER, ROBERT N**  
STREET ADDRESS: **6015 BENJAMIN RD STE 319**  
CITY-ST-ZIP: **TAMPA FL**

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

**Robert N Fincher**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/97 (813) 7865111 (x22)**  
Date Daytime Phone # **0007672**

CR2E034 (9/96)