**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 JUN 30 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52875** **(9)**

1. Corporation Name
**ADVANTAGE PLUS DISTRIBUTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7113 HALIFAX COURT<br>TAMPA FL 33615 | 7113 HALIFAX COURT<br>TAMPA FL 33615 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1991**
3a. Date of Last Report: **10/06/1994**
4. FEI Number: **59-3073099** ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 211-C South Salem St. | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Apex NC | 28 City & State |
| 24 Zip: 27502 25 County: OSA | 29 Zip 30 County |

9. Name and Address of Current Registered Agent

OLSON, RICK R.
7113 HALIFAX COURT
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Laura R. Dunlap — Corporation Service Company, Laura R. Dunlap, as its agent — DATE: 6/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | R<br>OLSON, RICK<br>7113 HALIFAX CT<br>TAMPA FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DILDAY, JOJN<br>RT #3 BOX 192<br>APEX NC | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | President ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WISTER, MIKE<br>RT #6 BOX 34<br>FUQUAY VARINA NC | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition<br>700001531027<br>-07/06/95--01064--009<br>****225.00 ****225.00 |
| 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 |

CR2E034 (3/95)

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)(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:** John D. Dilday — 6-27-95 — 919 362-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

6/30/95 MK

0186341 FP