

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

APPROVED
AND
FILED

MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69128** (4)
1. Corporation Name
JUST D. DISTRIBUTING, INC.

Principal Place of Business Mailing Address
P.O. BOX 1466 WINTER HAVEN FL 33882 **P.O. BOX 1466 WINTER HAVEN FL 33882**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1991** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-3076781** 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 2b. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BLANKENSHIP, RANDALL G.
170 EAST CENTRAL AVENUE
WINTER HAVEN FL 33880-6308**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required) Signature of Registered Agent (Required)

12. OFFICERS AND DIRECTORS

NAME **D DAHL, HENRY W.**
STREET ADDRESS **BOX 1466 N/A**
CITY, ST, ZIP **WINTER HAVEN FL**
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
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STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
15 NAME ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP
19 NAME ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP
23 NAME ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP
27 NAME ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is substantially true and clear, and qualify for the exemptions stated in Section 111.03(1)(b), 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 of this report or in the attachment with an address.

SIGNATURE:

Henry W. Dahl **HENRY W. DAHL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 **03314-54K9**
Date of Filing