## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	1997 MENT # <b>S69</b> DISTRIBUTING, INC		(4)	CORPORA	ATIONS	····				1041 Mai	
Principal Placi P.O. BOX 1466 WINTER HAVEN		P.O. B	Mailing Address P.O. BOX 1466 WINTER HAVEN FL 33882-1466								
							3. Date Incorporated or Qualified 07/24/1991	3s. Date 05/01/			
r	lace of Business	h1	ailing Address				4. FEI Number		<b></b>	plied For	
Suite, Apt	# etc	26	iite, Apt. #, etc.				59-3076781			t Applicable Additional	
22	, , , , ,	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6. Certificate of Status Desired		Fee Re		
City & State	0	Cit	ty & State				6. Election Campaign Financing		\$5.00		
<b>23</b> Zip	Country	28 Zig	n	Cou	ntrv		Trust Fund Contribution		Added t		
24	25 29		Zip Country					oration has liability for intangible tex under s. 199.032, intutes			
	9. Name and Address		ed Agent				10. Name and Address of New Re	gistered Age	ent		
WINT	east central avenu Ter haven fl 33880-8	306			83 84 Cit	y	ress (P.O. Box Number is Not Acceptate	FL	35 Zip (		
SIGNATURE	Signature, typing or printed name of i		plicable (NO				coration submits this statement for the pion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE			
1111.5	D		DELETE	1.1 7/1	LE				Change	Addition	
NAME	DAHL, HENRY W.			1.2 NA						Į;	
STREET ADDRESS CITY-ST-ZIP	BOX 1466 N/A WINTER HAVEN FL			1	AEET ADDRI IY-ST-ZIP	ESS				إ	
TITLE	(1111)		DELETE	2.1 T(1					Change	Addition	
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	reet addri	ES\$				-	
CITY-SI-ZIP TITLE			DELETE	2 4 CI 3.1 TII	TY-ST-ZIP				Change	Addition	
NAME (				3.2 NA					Change	roution	
STREET ADDRESS					reet addri	ESS				1	
CITY-S1-ZIP				3.4. C	TY-ST- <b>Z</b> IP						
TIFLE			☐ DELETE	4.1 7(1				L	Change	Addition	
NAME				4 2 N							
STREET ADDRESS					REET ADDRI IY-st- <i>z</i> ip	ESS					
CITY-ST-ZIP TITLE			DELETE	5.1 TII					Change	Addition	
NAMÉ				5.2 NA		-			-		
STREET ADDRESS				5381	reet addri	ESS				1	
CHY-ST-Z#					Y-ST-ZIP						
TITLE			DEFELE	6.1 711				L	Change	L_ Addition	
NAME				6.2 NA						l	
STREET ADDRESS					reet addri	:SS					
City-\$1-ZiP 14. 1 do hereb	I by certify that the information	on supplied with this f	iling does not qua	liby for the	ry-ST-ZiP exempti	on stated	d in Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the	
informatio Lam an o	on indicated on this annual officer or director of the corp	report or supplement poration or the receive	al annual report is er or trustee empo	true and a wered to e	ccurate xecute t	and that his repor	my signature shall have the same legart as required by Chapter 607, Florida S	al effect as if i Statutes; and	made und that my r	der oath; that lame	

information indicated on this annual report or supplemental r Lam an officer or director of the corporation or the receiver appears in Block 12 or Block is if changed, or man attached

**FILED** 

Apr 29 1997 8:00am

Secretary of State