

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S71111** (6)

1. Corporation Name

UNIT DISTRIBUTION OF HARRISBURG, INC.



Principal Place of Business

**1301 RIVERPLACE BLVD
STE 1200
JACKSONVILLE FL 32207
US**

Mailing Address

**1301 RIVERPLACE BLVD
STE 1200
JACKSONVILLE FL 32207
US**

3. Date Incorporated or Qualified
07/30/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3086795

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

10. Name and Address of New Registered Agent

**MOORE, DANIEL D.
1301 RIVERPLACE BLVD
STE 1200
JACKSONVILLE FL 32207**

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 607.1506, 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 of Registered Agent)

(Print Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
**DVS
MOORE, DANIEL D.
1301 RIVERPLACE BLVD STE 1200
JACKSONVILLE FL**

2. TITLE ☐ DELETE

NAME
**PD
NICOSIA, JOSEPH A.
1301 RIVERPLACE BLVD. STE 1200
JACKSONVILLE FL**

3. TITLE ☐ DELETE

NAME
**D
GARDNER, MICHAEL J.
1301 RIVERPLACE BLVD STE 1200
JACKSONVILLE FL**

4. TITLE ☒ DELETE

NAME
**T
DUNN, JR. E
500 W. MONROE
CHICAGO IL**

5. TITLE ☐ DELETE

NAME
**AT
BRANDT, SANDRA K.
500 W. MONROE
CHICAGO IL**

6. TITLE ☐ DELETE

NAME
**AS
LEVIN, JOHN D.
500 W. MONROE
CHICAGO IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY - ST - ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY - ST - ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY - ST - ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY - ST - ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY - ST - ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS ☐ Change ☐ Addition

28. CITY - ST - ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(904) 396-2517

CR2E034 (12/95)