

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S94349** (5)

1. Corporation Name

**MUTUAL DISTRIBUTORS, INC.**



Principal Place of Business

**330 NORTH INGRAHAM AVENUE  
LAKELAND FL 33801**

Mailing Address

**330 NORTH INGRAHAM AVENUE  
LAKELAND FL 33801**

3. Date Incorporated or Qualified  
**11/12/1991**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3094772**

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

**BUCK, JOSEPH S  
5324 WOODHAVEN LN  
LAKELAND FL 33813**

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, if not applicable,

(If applicable, Registered Agent's signature, or, if not applicable, the signature of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LEWIS, O. HERMAN**  
STREET ADDRESS **300 NORTH INGRAHAM AVE.**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** ☐ DELETE

NAME **MILLS, WILLIAM D.**  
STREET ADDRESS **1111 LAKEPOINT DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE

NAME **BUCK, JOSEPH S.**  
STREET ADDRESS **5324 WOODHAVEN LANE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **TD** ☐ DELETE

NAME **MUSALEN, ANGEL S.**  
STREET ADDRESS **5023 SHADY LAKE LANE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** ☐ DELETE

NAME **ANDREWS, BARBARA L.**  
STREET ADDRESS **3325 CREWS LAKE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE

NAME **LEWIS, GRACE**  
STREET ADDRESS **2215 COLLINS LANE**  
CITY-ST-ZIP **LAKELAND FL**

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 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

Date

Daytime Phone

4-17-96

741-683-4373

CR2E034 (12/95)