SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
95 AUG -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21370** **(4)**

1. Corporation Name

INTERCOASTAL DISTRIBUTORS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1740 SOUTH SEGRAVE STREET SOUTH DAYTONA FL 32119	1740 SOUTH SEGRAVE STREET SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1992
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3127374 ☐ 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

MAHONEY, JOHN T.
1740 SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, JOHN T	12 NAME		
STREET ADDRESS	4245 S ATLANTIC AVE	13 STREET ADDRESS		
CITY-ST-ZIP	WILBUR BY THE SEA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, DOUGLAS P	22 NAME		
STREET ADDRESS	10107 BENNINGTON	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	AUVIL, WILLIAM T	32 NAME		
STREET ADDRESS	5100 BURCCHETTE RD	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☑ Change ☐ Addition
NAME	STONE, STEPHEN J	42 NAME		
STREET ADDRESS	2316 S FLAGLER AVE	43 STREET ADDRESS	4038 S. Peninsula Dr.	
CITY-ST-ZIP	FLGLER BCH FL	44 CITY-ST-ZIP	Wilbur By The Sea Fl. 32167	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	WATSON, JR. J	52 NAME		
STREET ADDRESS	1250 WOODMERE	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 T. Mahoney 7-27-95 904/761-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001570 CP