

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

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **V62407** (4)
 1. Corporation Name
AUSTIN-LOCKWOOD DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
6550 ROOSEVELT BLVD JACKSONVILLE FL 32244 **6550 ROOSEVELT BLVD JACKSONVILLE FL 32244**

APPROVED AND FILED
 95 MAY 16 AM 7:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/09/1992		3a. Date of Last Report 04/22/1994	
4. FEI Number 59-0841953		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21				2a. Mailing Address 26				22. Suite, Apt. #, etc. 27				23. City & State 28				24. Zip 25				29. Country 30			
9. Name and Address of Current Registered Agent SAPP, RONALD E 6550 ROOSEVELT BLVD JACKSONVILLE FL 32244												10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL											

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: Initial or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE			
NAME	SAPP, RONALD E	1.2 NAME		1.2 NAME	500001493045		
STREET ADDRESS	6550 ROOSEVELT BLVD	1.3 STREET ADDRESS		1.3 STREET ADDRESS	-05/18/95--01026--002		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	***800.00 ***200.00		
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE			
NAME		2.2 NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE			
NAME		3.2 NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE			
NAME		4.2 NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE			
NAME		5.2 NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	Remitted in time		
NAME		6.2 NAME		6.2 NAME	dx		
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in the 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, changed, or on an attachment with an affidavit.

SIGNATURE: *[Signature]* **4-13-95** **904-772-6100**
Signature and typed or printed name of signing officer on duplicate