

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V62407 (4)

1. Corporation Name
AUSTIN-LOCKWOOD DISTRIBUTORS, INC.



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

3. Date Incorporated or Qualified: **09/09/1992**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: ~~58-2841968~~ **59-3342925**
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
**SAPP, RONALD E
6550 ROOSEVELT BLVD
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent
81 Name: **HOLMES, LOCKWOOD**
82 Street Address (P.O. Box Number is Not Acceptable): **5116 HARBOR POINT CIRCLE**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32244**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Ronald E Sapp* (NOTE: Registered Agent's signature required when reinstating) DATE: **4-11-96**

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: SAPP, RONALD E	
STREET ADDRESS: 6550 ROOSEVELT BLVD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HOLMES, LOCKWOOD	
1.3 STREET ADDRESS: 5116 HARBOR POINT CIRCLE	
1.4 CITY-ST-ZIP: JACKSONVILLE, FL. 32244	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 Elock 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE: *Ronald E Sapp* DATE: **4-8-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)