

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 299102 (4)
1. Corporation Name
DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business: 4314 ST. AUGUSTINE RD JACKSONVILLE FL 32207
Mailing Address: P.O. Box 5026
~~4314 ST. AUGUSTINE RD~~
JACKSONVILLE FL 32207-0519
32247-5026

3. Date Incorporated or Qualified: 11/29/1965
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-1564919
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: FL CORP, 200 LAURA ST., JACKSONVILLE FL 33202
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] DATE: [] (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: 12. OFFICERS AND DIRECTORS (listing C, VP, P, ST with names and addresses) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (listing 1.1-6.4 with checkboxes for Change/Addition/Delete).

14. I do hereby certify that the information supplied with this filing 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: [Signature] B. S. CHESNUTT 2/19/97 904-396-2269
Date Daytime Phone #

CR2E034 (9/96)