

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 022 ***550.00

DOCUMENT # 299102

1. Entity Name
DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business

4314 ST. AUGUSTINE RD
 JACKSONVILLE FLA 32207

Mailing Address

P.O. BOX 5026
 JACKSONVILLE FLA 32247-5026
 US

2. Principal Place of Business

Suite, Apt. #, etc.
 11341 Dist. Ave. E.

City & State
 Jacksonville, FL

Zip Country
 32256 US

3. Mailing Address

Suite, Apt. #, etc.
 11341 Distribution Ave. E.

City & State
 Jacksonville, FL

Zip Country
 32256 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1564919** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FL CORP
 200 LAURA ST.
 JACKSONVILLE FL 33202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** Delete
 NAME **DEANGELIS, ARCHIE A.**
 STREET ADDRESS **4314 ST AUGUSTINE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **C** Change Addition
 NAME **DEANGELIS, ARCHIE A.**
 STREET ADDRESS **11341 DISTRIBUTION AVE. E.**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VP** Delete
 NAME **BOHANNPN, JR LARRY R**
 STREET ADDRESS **4314 ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** Change Addition
 NAME **BOHANNON, JR LARRY R.**
 STREET ADDRESS **11341 DISTRIBUTION AVE. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **P** Delete
 NAME **CHESNUTT, BILLY J.**
 STREET ADDRESS **4314 ST. AUGUSTINE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** Change Addition
 NAME **CHESNUTT, BILLY J.**
 STREET ADDRESS **11341 DISTRIBUTION AVE. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **ST** Delete
 NAME **CORRIGAN, EDNA D**
 STREET ADDRESS **4314 ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** Change Addition
 NAME **CORRIGAN, EDNA D.**
 STREET ADDRESS **11341 DISTRIBUTION AVE. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Change Addition
 NAME **CHESNUTT, HELEN A.**
 STREET ADDRESS **11341 DISTRIBUTION AVE. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edna D Corrigan **EDNA D CORRIGAN** 7-10-00 904-292-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)