

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299102

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: DISTRIBUTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

11341 DISTRIBUTION AVE EAST  
#1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11341 DISTRIBUTION AVE EAST  
#1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-1564919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FL CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BOHANNON, JR LARRY R  
Address: 11341 DISTRIBUTION AVE E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P  
Name: CHESNUTT, BILLY J.  
Address: 11341 DISTRIBUTION AVE E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: CORRIGAN, EDNA D  
Address: 11341 DISTRIBUTION AVE E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S  
Name: CHESNUTT, HELEN A  
Address: 11341 DISTRIBUTION AVE E  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: BOHANNON, RONALD L  
Address: 11341 DISTRIBUTION AVE E  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BILLY J. CHESNUTT

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date