

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08207

FILED
Jan 04, 2016
Secretary of State
CC7295567745

Entity Name: FLORIDA STATE DISTRIBUTORS, INC.

Current Principal Place of Business:

4601 S.W. 34TH STREET, STE 102
ORLANDO, FL 32811

Current Mailing Address:

4601 S.W. 34TH STREET, STE 102
ORLANDO, FL 32811

FEI Number: 59-2235705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEAF, MARY
8739 LOST COVE DRIVE
ORLANDO, FL 32819 US

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

Officer/Director Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | D | Title | DPS |
| Name | NEAF, MARY | Name | NEAF, MARY |
| Address | 8739 LOST COVE DRIVE | Address | 8739 LOST COVE DRIVE |
| City-State-Zip: | ORLANDO FL 32819 | City-State-Zip: | ORLANDO FL 32819 |

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: MARY NEAF

PRESIDENT

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date