

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05457

FILED
Mar 08, 2018
Secretary of State
CC1570634386

Entity Name: DISTRIBUTOR'S COUNCIL, INC.

Current Principal Place of Business:

6053 LEXINGTON PARK
ORLANDO, FL 32819

Current Mailing Address:

6053 LEXINGTON PARK
ORLANDO, FL 32819

FEI Number: 59-2761213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRITY, WILLIAM J.
6053 LEXINGTON PK
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 PRESIDENT
Name JONES, DAVID P
Address 195 ELM STREET
City-State-Zip: BUFFALO NY 14203

Title VP
Name BRADLEY, BEAU
Address 8220 NORTH INTERSTATE AVENUE
City-State-Zip: PORTLAND OR 97217

Title T
Name NICOLINO, GEORGE
Address 1133 7 ST
City-State-Zip: OAKLAND CA

Title AST
Name MCNABNEY, WILLIAM J
Address 727 WYNDSOR CREEK DRIVE
City-State-Zip: SOUTHLAKE TX 76092

Title S
Name HATTIER, BILL
Address 2217 RIDGELAKE DRIVE
City-State-Zip: METAIRIE LA 70001

Title VP
Name WINNER, BRUCE
Address 1707 ORLANDO CENTRAL PKWY
 #500
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT SECRETARY
Name BOUGHTON, MARY J
Address 31 FOREST VIEW CIRCLE
City-State-Zip: INDIANAPOLIS IN 46034

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 JANE BOUGHTON

ASST.
SECRETARY/TREASURER

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date