

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000015994

Entity Name: WHITE ELEPHANT DISTRIBUTION INCORPORATED**Current Principal Place of Business:**6144 SW HIGHWAY 200
OCALA, FL 34476**Current Mailing Address:**6144 SW HIGHWAY 200
OCALA, FL 34476 US**FEI Number:** 83-3489424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUZARRAGA, LORIE A
6144 SW HIGHWAY 200
OCALA, FL 34476 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:** LORIE LUZARRAGA

02/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | P |
| Name | LUZARRAGA, MAMERTO C |
| Address | 6144 SW HIGHWAY 200 |
| City-State-Zip: | OCALA FL 34476 |

| | |
|-----------------|---------------------|
| Title | TREASURER |
| Name | LUZARRAGA, LORIE A |
| Address | 6144 SW HIGHWAY 200 |
| City-State-Zip: | OCALA FL 34476 |

| | |
|-----------------|---------------------|
| Title | VP |
| Name | LUZARRAGA, VICTOR E |
| Address | 6144 SW HIGHWAY 200 |
| City-State-Zip: | OCALA FL 34476 |

| | |
|-----------------|---------------------|
| Title | SECRETARY |
| Name | LUZARRAGA, LAURIE A |
| Address | 6144 SW HIGHWAY 200 |
| City-State-Zip: | OCALA FL 34476 |

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: LORIE LUZARRAGA

TREASURER

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date