

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854308

**Entity Name:** GULF STATES DISTRIBUTORS, INC.

**Current Principal Place of Business:**

6000 EAST SHIRLEY LANE  
MONTGOMERY, AL 36117

**Current Mailing Address:**

6000 EAST SHIRLEY LANE  
MONTGOMERY, AL 36117 US

**FEI Number:** 63-0803427

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | VP                     | Title           | VP                     |
| Name            | TRAMMELL, TOMMY E.     | Name            | TRAMMELL, THOMAS E JR. |
| Address         | 6000 EAST SHIRLEY LANE | Address         | 6000 EAST SHIRLEY LANE |
| City-State-Zip: | MONTGOMERY AL 36117    | City-State-Zip: | MONTGOMERY AL 36117    |

*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:** TOMMY E. TRAMMELL

**VICE PRESIDENT**

**03/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date