FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Apr 07 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # K15668 EAGLE DISTRIBUTING CO., INC. Principal Place of Business Mailing Address 7010 NW 23RD WAY 7010 NW 23RD WAY **GAINESVILLE FL 32606** GAINESVILLE FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1988 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 21 59-2873188 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RABELL, LINDA G. Kabell 4831 NW 16 PLACE ss (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELETE TITLE Change Addition RABELL, ENRIQUE NAME 1.2 NAME 1711 N.W. 65 St 4831 NW 16TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** Gulle, F1 32653 CITY-ST-ZIP 1.4 CITY-ST-ZIP DLLETE TITLE 2.1 TITLE Addition RABELL, LINDA NAME 2.2 NAME 4831 NW 16TH PLACE 1711 N.W. 65 ST STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-2IP 2. 4 CITY- ST- ZIP Gulle FC 12653 DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CiTY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or hipplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporator or trustee empowered to grecular this report as required by Chapter 607, Florida Statutes; and that my name appears in

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