

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90149 001 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K15668**

1. Corporation Name  
**EAGLE DISTRIBUTING CO., INC.**

Principal Place of Business

7010 NW 23RD WAY  
 GAINESVILLE FL 32606

Mailing Address

7010 NW 23RD WAY  
 GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

02/22/1988

4. FEI Number

59-2873188

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**RABELL, LINDA G.**  
 1711 N.W. 65 ST  
 GULLE FL 32653

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

FL

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 State 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  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RABELL, ENRIQUE	1711 N.W. 65 ST	GULLE FL 32653	<input type="checkbox"/>
D	RABELL, LINDA	1711 N.W. 65 ST	BULLE FL 32653	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4		<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4		<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4		<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4		<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4		<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4		<input type="checkbox"/>	<input type="checkbox"/>

I hereby 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 supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda G. Rabell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Linda G. Rabell** 2/10/99 352 371-7555

CR2E034 (11/98)