

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P23114** (2)

1. Corporation Name  
**BRADY DISTRIBUTING COMPANY**



Principal Place of Business: **2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-6269 US**  
Mailing Address: **2708 YORKMONT RD. P O BOX 19269 CHARLOTTE NC 28219-6269 US**

3. Date Incorporated or Qualified: **02/23/1989**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **56-0852468**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State. 23 Zip. Country. 24  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State. 28 Zip. Country. 29, 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0907 and 607.1509, 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 607.0906, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                      |                   |                                 |
|----------------------|-------------------|---------------------------------|
| 12.1 TITLE           | PD                | <input type="checkbox"/> DELETE |
| 12.2 NAME            | BRADY, JON P.     |                                 |
| 12.3 STREET ADDRESS  | 2708 YORKMONT RD. |                                 |
| 12.4 CITY-STATE-ZIP  | CHARLOTTE NC      |                                 |
| 12.5 TITLE           | VD                | <input type="checkbox"/> DELETE |
| 12.6 NAME            | NORRIS, R.B.      |                                 |
| 12.7 STREET ADDRESS  | 2708 YORKMONT RD. |                                 |
| 12.8 CITY-STATE-ZIP  | CHARLOTTE NC      |                                 |
| 12.9 TITLE           | VD                | <input type="checkbox"/> DELETE |
| 12.10 NAME           | COOKE, LARRY E.   |                                 |
| 12.11 STREET ADDRESS | 2708 YORKMONT RD. |                                 |
| 12.12 CITY-STATE-ZIP | CHARLOTTE NC      |                                 |
| 12.13 TITLE          | TD                | <input type="checkbox"/> DELETE |
| 12.14 NAME           | BRADY, JON W.     |                                 |
| 12.15 STREET ADDRESS | 2708 YORKMONT RD. |                                 |
| 12.16 CITY-STATE-ZIP | CHARLOTTE NC      |                                 |
| 12.17 TITLE          |                   | <input type="checkbox"/> DELETE |
| 12.18 NAME           |                   |                                 |
| 12.19 STREET ADDRESS |                   |                                 |
| 12.20 CITY-STATE-ZIP |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |   |
|----------------------|---|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |   |
| 13.3 STREET ADDRESS  |   |
| 13.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |   |
| 13.7 STREET ADDRESS  |   |
| 13.8 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |   |
| 13.11 STREET ADDRESS |   |
| 13.12 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |   |
| 13.15 STREET ADDRESS |   |
| 13.16 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a) 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 holder of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or changes, or omits, also furnished with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 104-357-6284

CR2E034 (12/95)