

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52875 (9)**

1. Corporation Name
ADVANTAGE PLUS DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
7113 HALIFAX COURT TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/15/1991** 3a. Date of Last Report **10/06/1994**

2. Principal Place of Business 2a. Mailing Address
211-C South Selma St.

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State
Apex NC

23 Zip 28 Zip Country
27502 USA

24 25 29 30

4. FEI Number **59-3073099** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**OLSON, RICK R.
7113 HALIFAX COURT
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **Corporation Service Company**
82 Street Address (P.O. Box Number is Not Acceptable) **1201 Hay Street**
83
84 City **Tallahassee** FL 85 Zip Code **32301**

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 *Laura R. Dunlap* **Laura R. Dunlap, as its agent** DATE **6/30/95**

12. OFFICERS AND DIRECTORS

TITLE **OLSON, RICK**
NAME
STREET ADDRESS **7113 HALIFAX CT**
CITY - ST - ZIP **TAMPA FL**

TITLE **DILDAY, JOHN**
NAME
STREET ADDRESS **RT #3 BOX 192**
CITY - ST - ZIP **APEX NC**

TITLE **WISTER, MIKE**
NAME
STREET ADDRESS **RT #8 BOX 34**
CITY - ST - ZIP **FLOYD VAIRNA NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE **President** Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME **700001531027**
3 3 STREET ADDRESS **-07/06/95--01064--009**
3 4 CITY - ST - ZIP ******225.00 ****225.00**

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do 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)(b), 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 my address.

SIGNATURE: *John D. Dilley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-95 99362-8212

CR2E034 (3/95)