7-15-98 B 8031 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **533527** **(8)**

1. Corporation Name
INDEPENDENT WHOLESALE, INC.

Principal Place of Business	Mailing Address
2418 SILVER STAR ROAD ORLANDO FL 32804	2418 SILVER STAR ROAD ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1977

2. Principal Place of Business
21 2729 Hansrob Rd
Suite, Apt. #, etc. 22
City & State 23 Orlando FL
Zip 24 32804 Country 25 USA

2a. Mailing Address
26 2729 Hansrob Rd
Suite, Apt. #, etc. 27
City & State 28 Orlando FL
Zip 29 32804 Country 30 USA

4. FEI Number: 59-1738068 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GERALD LEMUS
4000 WILLOW BAY DRIVE
WINTER BARDEN FL 32832

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEMUS, GERALD M.		1.2 NAME	
STREET ADDRESS	4000 WILLOW BAY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN R.		2.2 NAME	
STREET ADDRESS	14016 LAKE TILDEN BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DUBY, JOHN C		3.2 NAME	
STREET ADDRESS	233 CHESTNUT RIDGE ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, ROY III		4.2 NAME	
STREET ADDRESS	1398 LAQUINTA CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: John C Duby JOHN C DUBY 407-293-4160

CR2E034 (5/98)