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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED	
Feb 18 1998 8:00an]
Secretary of State	

POOD	WHOLESALERS, INC.						
Principal Plac	ce of Business	Mailing Address			- I MARTIN BAIR BINN BINN BINN BINN	fikal gigil Afall Sifil Af	OTA MARQUA OTRAL ADDE
1980 5TH AV	/ENUE SOUTH	1960 5TH AVENUE SOUT	TH				
P.O. BOX 13637 P.O. BOX 13637					DO NOT WE	ITE IN THIS SOACE	•
ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733			733		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					10/12/1983	u	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26					59-2333027	-	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						¬ \$8	.75 Additional
22		27			5. Certificate of Status Desired	1 1 7 -	ee Required
City & State		City & State			6. Election Campaign Financing	\$!	5.00 May Be
23		28			Trust Fund Contribution	A	dded to Fees
Zip	Country	Zip	Country		8. This corporation owes or has		
24	25	29	30		Personal Property Tax due Ju		∐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Agent	
AN	ISON, JOHN L.		81	Name			
	12 39T H AVENUE, NE		82	Street Addre	ess (P.O. Box Number is Not Accep	table)	
ST	. PETERSBURG FL 33703		00				
			83				
	• •		84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-r	named corpo	oration submits this statement for the		ging its registered
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Fl	authorized by tl orida Statutes.	he corporation	on's board of directors. I hereby acc	ept the appointme	int as registered
SIGNATURE						DATE	
12.	Signature, typed or printed name of registered at	ND DIRECTORS	E: Registered Agent	signature require	ADDITIONS/CHANGES TO OF		CTORS IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OH	Ch	
NAME	!		1.2 NAME			_	· –
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		1.3 STREET AD	nneess			
CITY-ST-ZIP	AT AFTERANISA PI		1.4 C/TY - ST - 2				
TITLE		DELETE	2.1 THILE	211		☐ Ch	ange
NAME			2.2 NAME			_	•
STREET ADDRESS	1 11 2000 13 1741 1		2.3 STREET AD	ODRESS			
CITY-ST-ZIP	PINSULAS PARILIFI 35781		2. 4 City-St-	[-	
TITLE	The state of the s	DELETE	3.1 T(TLE			☐ Ch	ange Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD	DDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			-	
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange Addition
NAME	ľ		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELET E	5.1 TITLE			□ Ch	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-7	- 1			
TITLE		DELETE	6.1 TITLE	<u> </u>		☐ Ch	ange Addition
NAME			6.2 NAME	İ			

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.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

2- 12-98 PIR-894-5751