

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 017 ***150.00

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1. Entity Name
WHOLESALE SOUTH DISTRIBUTING, INC.



Principal Place of Business
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

Mailing Address
3225 CUMBERLAND BLVD.
STE. 100
ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3630535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CASD
BOLCH, JR., CARL
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORAN, ALLISON B
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PASD
LENKER, MAX
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BOLCH, SUSAN BASS
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CTAS
DUMBACHER, ROBERT J
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPAS
GURA, PHILIP P
2324 WAVERLY BARN RD
DAVENPORT, FL 33897

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

770-431-7600

Daytime Phone #