

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996-3-15-96

10-2300

NC

DOCUMENT # 288549 (9)

1. Corporation Name

PERRY WHOLESALE SUPPLY COMPANY INC



Principal Place of Business

102 HEMLOCK DR.
PERRY FL 32347

Mailing Address

102 HEMLOCK DR.
PERRY FL 32347

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BAUMGARDNER, FREEMAN R
102 HEMLOCK DR.
PERRY FL 32347

3. Date Incorporated or Qualified
01/13/1965

3a. Date of Last Report
03/17/1995

4. FEI Number

59-1088958

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Printed Name of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
12 NAME PD
13 STREET ADDRESS BAUMGARDNER, FREEMAN R
14 CITY-STATE-ZIP 102 HEMLOCK DR.
PERRY FL

15 TITLE ☐ DELETE
16 NAME VD
17 STREET ADDRESS BAUMGARDNER, GWENDOLYN
18 CITY-STATE-ZIP 102 HEMLOCK DR.
PERRY FL

19 TITLE ☐ DELETE
20 NAME STD
21 STREET ADDRESS BAUMGARDNER, MICHAEL
22 CITY-STATE-ZIP 102 HEMLOCK DR.
PERRY FL

23 TITLE ☐ DELETE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP

27 TITLE ☐ DELETE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

31 TITLE ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

35 TITLE ☐ Change ☐ Addition
36 NAME
37 STREET ADDRESS
38 CITY-STATE-ZIP

39 TITLE ☐ Change ☐ Addition
40 NAME
41 STREET ADDRESS
42 CITY-STATE-ZIP

43 TITLE ☐ Change ☐ Addition
44 NAME
45 STREET ADDRESS
46 CITY-STATE-ZIP

47 TITLE ☐ Change ☐ Addition
48 NAME
49 STREET ADDRESS
50 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

55 TITLE ☐ Change ☐ Addition
56 NAME
57 STREET ADDRESS
58 CITY-STATE-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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREEMAN R BAUMGARDNER

3-13-96

CR2E034 (12/95)