FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **317314** **(3)**

1. Corporation Name

CONSOLIDATED WAREHOUSES INC.

Principal Place of Business

345 WEST 14TH STREET
PANAMA CITY FL 32401

Mailing Address

345 WEST 14TH STREET
PANAMA CITY FL 32401

3. Date Incorporated or Qualified: **05/30/1967**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-1169590** ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

HAMM,TOMMY E
345 WEST 14TH ST.
PANAMA CITY FL 32401

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 Section 607.0505, Florida Statutes, 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. The 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: DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**SDT**	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	**HAMM, EULALIA**		1 NAME	
STREET ADDRESS	**409 LINDA AVE**		1 STREET ADDRESS	
CITY-ST-ZIP	**PANAMA CITY,FL 00000**		1 CITY-ST-ZIP	
TITLE	**PD**	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	**HAMM, TOMMY E**		2 NAME	
STREET ADDRESS	**212 KENTUCKY AVENUE**		2 STREET ADDRESS	
CITY-ST-ZIP	**LYNN HAVEN FL**		2 CITY-ST-ZIP	
TITLE	**V**	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	**HAMM, TOMMY E JR.**		3 NAME	
STREET ADDRESS	**4003 BRENTLEY CIRCLE**		3 STREET ADDRESS	
CITY-ST-ZIP	**PANAMA CITY FL**		3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental attached hereto 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 with an indication that I am a new officer or director.

SIGNATURE: *Tommy Hamm* 4-10-96 904-769-0396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)