FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **580939** **(7)**

1. Corporation Name
WHOLESALE TOOL SUPPLY, INC.

Principal Place of Business
2727 INTERSTATE DR
P.O. BOX 5798
LAKELAND FL 33807-2798

Mailing Address
2727 INTERSTATE DR
P.O. BOX 5798
LAKELAND FL 33807-5798

3. Date Incorporated or Qualified: **07/25/1978**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1831324** 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

9. Name and Address of Current Registered Agent
WEBER, F. PETER
3 WOODCREST LANE
MULBERRY FL 33860

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1610 BULE HERON LANE
83
84 City LAKELAND **FL** 85 Zip Code 33813

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

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	WEBER, F. PETER	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STVD	☐ DELETE
NAME	WEBER, PETER D.	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	☐ DELETE
NAME	WEBER, DAVID B	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2727 INTERSTATE DR	
1.4 CITY-ST-ZIP	LAKELAND, FL 33805	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2727 INTERSTATE DR	
2.4 CITY-ST-ZIP	LAKELAND, FL 33805	
3.1 TITLE	EXECUTIVE VICE PRESIDENT	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2727 INTERSTATE DR	
3.4 CITY-ST-ZIP	LAKELAND, FL 33805	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] WEBER DAVID B 3-12-97 941-603-0777