PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Suite, Apt. #, etc.

City & State

27

28

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 692935

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

R.T. WHOLESALERS, INC.

TERRY, RICHARD T.

9. Name and Address of Current Registered Agent

Country

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90012 002 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

ĺNo.

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

06/30/1981 4. FEI Number

59-2130777

15 BARRACUDA LANE KEY LARGO FL 33037			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City	FL	85 Zip Ci		
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		MATE: D.			equired when reinstating) DATE		<u> </u>	
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS		13.	i signature n	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	
TITLE			1 TITLE			☐ Change	Addition	
NAME	TERRY, RICHARD T		2 NAME					
STREET ADDRESS	31 BAY RIDGE RD.			ADDRESS				
CITY-ST-ZIP	MEN LABOR EL		4 CITY-ST	ļ			1	
TITLE			1 TITLE			☐ Change	Addition	
NAME	TERRY, MARTHA	2	.2 NAME					
STREET ADDRESS	31 BAY RIDGE RD.	ĺ	3 STREET	ADDRESS				
CITY-ST-ZIP	KEY LARGO,F L 00000	2	. 4 CITY-S	T-71P				
TITLE			.1 TITLE			Change	☐ Addition	
NAME		1 3	2 NAME					
STREET ADDRESS		3	3 STREET	ADDRESS				
CITY-ST-ZIP		3	.4. CITY-S	T-ZIP				
TITLE		DELETE 4	.1 TITLE			☐ Change	Addition	
NAME		4	2 NAME	l			ļ	
STREET ADDRESS		4	.3 STREET	ADDRESS				
CITY-ST-ZIP			4 CITY-ST	r-ZIP				
TITLE		DELETE 6	1 TITLE			Change	☐ Addition	
NAME		5	2 NAME					
STREET ADDRESS		5	3 STREET	ADDRESS				
CITY-ST-ZIP		5	4 CITY-S1	r-ŻiP				
TITLE		DELETE 6	1 TITLE			Change	☐ Addition	
NAME		6	.2 NAME					
STREET ADDRESS		6	.3 STREET	ADDRESS				
CITY-ST-ZIP			ACITY-ST					
14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 securate 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 feceiver of 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 any address, with all other like empowered.								

Country

81 Name

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