2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: GLOVER WHOLESALE COMPANY

Current Principal Place of Business:

119 OLD ANDERSONVILLE RD.
AMERICUS, GA 31719

New Principal Place of Business:

Current Mailing Address:

119 OLD ANDERSONVILLE RD.
AMERICUS, GA 31719

New Mailing Address:

FEI Number: 58-0261510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCHR
Name: HARRIS, WILLIAM S SR.
Address: 1801 ROSE AVENUE
City-St-Zip: AMERICUS, GA 31709

Title: VPVC
Name: HARRIS, DAVID
Address: 1829 OVERLOOK DRIVE
City-St-Zip: COLUMBUS, GA 31906

Title: ST
Name: WHITE, GERALD JR
Address: 244 DANBURY LANE
City-St-Zip: ALBANY, GA 31721

Title: VPD
Name: SHATTLES, ED
Address: P.O. BOX 346
City-St-Zip: AMERICUS, GA 31709

Title: D
Name: HARRIS, WILLIAM S JR.
Address: 115 E. FURLOW STREET
City-St-Zip: AMERICUS, GA 31709

Title: D
Name: DODSON, CARR
Address: 435 2ND ST.
City-St-Zip: MACON, GA 31208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERALD WHITE ST 01/04/2012

Electronic Signature of Signing Officer or Director Date