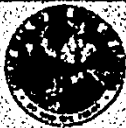


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F90315** (5)

1. Corporation Name

JOHN'S WHOLESALE FIREWORKS, INC.

Principal Place of Business

P O BOX 729
SPARR FL 32182

Mailing Address

P O BOX 729
SPARR FL 32182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1982

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2297036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CASSE, NORMAN E.
714 N.W. 114TH ST.
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name

CASSE, NORMAN E.

82 Street Address (P.O. Box Number is Not Acceptable)

14303 N. MAGNOLIA AVE

83

84 City

CITRA

FL

85 Zip Code

32113

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	PD
NAME	CASSE, JOHN E.
STREET ADDRESS	714 N.W. 114TH ST.
CITY- ST- ZIP	OCALA FL
TITLE	VST
NAME	CASSE, NORMAN E.
STREET ADDRESS	714 N.W. 114TH ST.
CITY- ST- ZIP	OCALA FL
TITLE	D
NAME	CASSE, NORMAN E.
STREET ADDRESS	714 N.W. 114TH ST.
CITY- ST- ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change	☐ Addition
1.2 NAME	CASSE, JOHN E.		
1.3 STREET ADDRESS	2920 SE 38th PL.		
1.4 CITY- ST- ZIP	OCALA FL 34480		
2.1 TITLE	VP, S/T	☒ Change	☐ Addition
2.2 NAME	CASSE, NORMAN E.		
2.3 STREET ADDRESS	14303 N. MAGNOLIA AVE.		
2.4 CITY- ST- ZIP	CITRA FL 32113		
3.1 TITLE	D	☒ Change	☐ Addition
3.2 NAME	CASSE, NORMAN E.		
3.3 STREET ADDRESS	14303 N. MAGNOLIA AVE.		
3.4 CITY- ST- ZIP	CITRA FL 32113		
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			

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. CASSE

4/24/95

(904) 694-3339