FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
P O BOX 729 SPARR FL 32192	P O BOX 729 SPARR FL 32192

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1982
3a. Date of Last Report: 04/26/1994

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: 59-2297036 ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CASSE, JOHN E.	1.2 NAME	CASSE, JOHN E	
STREET ADDRESS	714 N.W. 114TH ST.	1.3 STREET ADDRESS	2920 SE 38th Pl.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala FL 34480	
TITLE	VST	2.1 TITLE	VP, S/T	☒ Change ☐ Addition
NAME	CASSE, NORMAN E.	2.2 NAME	CASSE, NORMAN E	
STREET ADDRESS	714 N.W. 114TH ST.	2.3 STREET ADDRESS	14303 N. MAGNOLIA AVE,	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CASSE, NORMAN E.	3.2 NAME	CASSE, NORMAN E	
STREET ADDRESS	714 N.W. 114TH ST.	3.3. STREET ADDRESS	14303 N. MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	CITRA FL 32113	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: John E Casse 4/24/95 (904) 694-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN E. CASSE

0400742 FP