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 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003355 (5)**

1. Corporation Name

B & C WHOLESALE, INC.

Principal Place of Business	Mailing Address
3716 SESAME ST NORTHPORT FL 34287-2946	3716 SESAME ST NORTHPORT FL 34287-2946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2b. Mailing Address
21 18528 Robinson Ave	26 P.O. Box 3042
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Port Charlotte, Fla.	28 Port Charlotte, FL.
24 Zip 33948-8940 25 Country Charlotte	29 Zip 33949-3042 30 Country Charlotte

4. FEI Number: 41-1610004 — 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

PUKAL, WILLIAM
3716 SESAME ST
NORTHPORT FL 34287-2946

10. Name and Address of New Registered Agent

81 Name: Pukal William
82 Street Address (P.O. Box Number is Not Acceptable): 18528 Robinson Ave
83
84 City: Port Charlotte FL 85 Zip Code: 33948-8940

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPP	11 TITLE	☐ Change ☐ Addition
NAME	PUKAL, WILLIAM	12 NAME	
STREET ADDRESS	3716 SESAME ST	13 STREET ADDRESS	
CITY ST ZIP	NORTHPORT FL 34287-2946	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	PUKAL, DANIEL	22 NAME	
STREET ADDRESS	11317 GEORGIA AVE., NO	23 STREET ADDRESS	
CITY ST ZIP	CHAMPLIN MN 55316	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	PUKAL, CHARLETTE	32 NAME	
STREET ADDRESS	4543 THOMAS AVE.,NO.	33 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN 55412	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PUKAL, DAN	42 NAME	
STREET ADDRESS	11317 GEORGIA AVE.,NO.	43 STREET ADDRESS	
CITY ST ZIP	CHAMPLIN MN 55316	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: William Pukal William Pukal 4-25-95 (813)624-6876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484322 FP