

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F93000003355 (5)**

1. Corporation Name

**B & C WHOLESALE, INC.**



Principal Place of Business

**18528 ROBINSON AVE  
PT CHARLOTTE FL 33948  
US**

Mailing Address

**PO BOX 3042  
PT CHARLOTTE FL 33949  
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

**07/22/1993**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**41-1610004**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PUKAL, WILLIAM  
18528 ROBINSON AVE  
PT CHARLOTTE FL 33948**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 when not applicable)

(Not to be signed by Agent; signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPP	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKAL, WILLIAM		2. NAME	
STREET ADDRESS	3716 SESAME ST		3. STREET ADDRESS	
CITY-STATE-ZIP	NORTHPORT FL 34287-2946		4. CITY-STATE-ZIP	
TITLE	VCD	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKAL, DANIEL		6. NAME	
STREET ADDRESS	11317 GEORGIA AVE., NO		7. STREET ADDRESS	
CITY-STATE-ZIP	CHAMPLIN MN 55316		8. CITY-STATE-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKAL, CHARLETTE		10. NAME	
STREET ADDRESS	4543 THOMAS AVE., NO.		11. STREET ADDRESS	
CITY-STATE-ZIP	MINNEAPOLIS MN 55412		12. CITY-STATE-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKAL, DAN		14. NAME	
STREET ADDRESS	11317 GEORGIA AVE., NO.		15. STREET ADDRESS	
CITY-STATE-ZIP	CHAMPLIN MN 55316		16. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-STATE-ZIP			20. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-STATE-ZIP			24. CITY-STATE-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

**4-29-96 (941) 624-6896**

Date Daytime Phone #

CR2E034 (12/95)