

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

PUKAL, WILLIAM
18528 ROBINSON AVE
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPP
NAME PUKAL, WILLIAM
STREET ADDRESS 18525 ROBINSON AVE
CITY-ST-ZIP PT CHARLOTTE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD
NAME PUKAL, DANIEL
STREET ADDRESS 11317 GEORGIA AVE., NO
CITY-ST-ZIP CHAMPLIN MN 55318

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME PUKAL, CHARLETTE
STREET ADDRESS 4549 THOMAS AVE., NO.
CITY-ST-ZIP MINNEAPOLIS MN 55412

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME PUKAL, DAN
STREET ADDRESS 11317 GEORGIA AVE., NO.
CITY-ST-ZIP CHAMPLIN MN 55318

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-07/16/98--01048--005
***150.00

14. I hereby certify that the information supplied with this filing 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:

CR2E034 (5/98)

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TO WHOM IT MAY CONCERN:

WE RECEIVED THE COPY OF THE 1998 PROFIT CORP. ANNUAL REPORT PACKET MARKED 2ND NOTICE.

ON 7-7-98 WE CALLED YOUR OFFICE & SPOKE TO "JO" AND INDICATEED THAT WE HAD NEVER RECEIVED THE FIRST COPY, WHICH WAS EVIDENTALLY SENT IN JAN.

IF YOU WOULD PLEASE CHECK THE PAST HISTORY - WE HAVE NEVER BEEN LATE IN FILING THIS REPORT.

ENCLOSED YOU WILL FIND THE ORIGINAL FILING FEE.

IF THERE IS ANY PROBLEM, PLEASE ADVISE.

THANK YOU

William Pukal

WILLIAM PUKAL

(941) 624-6896