

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lester B. Monroney
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # F94000001203 (8)

1. Corporation Name

JASPER WHOLESALE CO., INC.

**APPROVED
AND
FILED**

MAY 12 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation		3a. Date of Last Report	
03/10/1994			
4. FEI Number		Applied For	
58-1766896		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes.		☐ Yes ☐ No	
24. City & State		25. City & State	
26. City & State		27. City & State	
28. City & State		29. City & State	
30. City & State		31. City & State	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AICHER, DONALD 616 LAKE KERRY DRIVE ST. CLOUD FL 34769		81. Name	
		82. Street Address (If O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. Pursuant to the provisions of Sections 199.032 and 199.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 605.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PC AICHER, ANNA 616 LAKE KERRY DRIVE ST. CLOUD FL	1. NAME	☐ Change ☐ Addition
2. NAME	AICHER, DONALD 616 LAKE KERRY DRIVE ST. CLOUD FL	2. NAME	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 of the record on this date and was not removed from the report as required by Chapter 490, Florida Statutes, and that my name appears in Block 12 of this filing. I am an officer or director of the corporation.

SIGNATURE: *Anna Aicher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANNA AICHER
5-15-95 407-957-5612