FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800004867

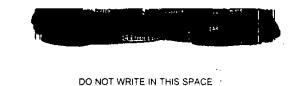
LELAND WHOLESALE CORP.

Principal Place of Business 219 S. RIVERHILLS DRIVE TEMPLE TERRACE FL 33617 Mailing Address

219 S. RIVERHILLS DRIVE TEMPLE TERRACE FL 33617

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90055 008 ***150.00



!						3. Date Incorporated or Qualifed			
<u> </u>						08/28/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	26 5145 Fisc	5145 FISCHER AVENUE			57-1008472	i	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional -	
22		27					Fee	Required	
City & State City & State						6. Election Campaign Financing	\$5.0)0 мау Бе	
23		28 CINCINNATI	H	Trust Fund Contribution		Add	ed to Fees		
Zip	Country	Zip		intry		8. This corporation owes the current y	ear Intangible		
24	25 29 45217 30 C		15A	Personal Property Tax.		Yes	□No		
	9. Name and Address of Current	t Registered Agent	10. Name and Address of New Registered Agent						
					81 Name				
VILA, CHRIST				VILA, CHRISTI					
219 S RIVERHILLS DR.					82 Street Address (P.O. Box Number is Not Acceptable)				
Tem	PLE TERRACE FL 33617			83					
*									
	:			84 City			85 Z	ip Code	
							FL	·	
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. La	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Stati	utes.	оганон	s board of directors, I hereby accept the	appointment as	registered	
SIGNATURE	-								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature	required w	/hen reinstating) D.	ATE		
12.	OFFICERS AND	DIRECTORS .	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
TITLE	P	DELETE	1.1 111	LΕ			☐ Chan	ge 🗀 Addition	
NAME	AUVENSHINE, RONALD		1.2 NA	ME					
STREET ADDRESS	270 ELM ST.		1	REET ADORESS					
i .	CONWAY SC		ı						
CITY-ST-ZIP			TY-ST-Z!P	PRESIDENT		7			
TITLE		□ pecere	2.1 TN		TRES	IDENT	Chang	ge 🗀 Addition	
NAME	Thurner Jr, George E		2.2 NA	ME	1				
STREET ADDRESS			REET ADDRESS	5					
CITY-ST-ZIP	CINCINNATI OH 2.40		TY-ST-ZIP						
TITLE	AS ☐ DELETE 3.1 TI		LE	SECRETARY		∑ Chan	ge 🗀 Addition		
NAME	Thurner III, george e		3.2 NA	ME					
STREET ADDRESS	3041 OBSERVATORY AVE.		3.3 ST	REET ADDRESS					
CITY-ST-ZIP	CINCINNATI OH		34.0	TY-ST-ZIP					
TITLE		☐ DELETE	4.1 TIT		1	STANT SECRETARY	Chanc	ne X Addition	
NAME			4. 2 NJ			L FISHER			
STREET ADDRESS					SILL SILL	5 FISCHER AVENUE			
CITY-ST-ZIP		DELETE	_	ry-st-zip	U/2	CINNATI OH 45217	☐ Chanc	ne F Addition	
j		ויין הברפוב	5.1 TTT		ŀ		□ Chang	le T. Yournen .	
NAME			5.2 NA	_					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	6.1 TIT	LE			☐ Chang	ge 🗀 Addition	
NAME		•	6.2 NA	ME	1				
STREET ADDRESS			63 ST	REET ADDRESS	, ,			_	
CITY-ST-ZIP	•		6,4 CIT	Y-ST-ZIP			- 1	1	
	ertify that the information supplied with	this filing does not qualify for			d in Ser	ction 119.07(3)(i) Florida Statutes I furth	or certify that th	e information	

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-29-59

5/3-64)-2424