

FILED

May 26 1998 8:00am

Secretary of State

APR-30-98 11:37 AM

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1998

DOCUMENT #

1. Corporation Name

L & S Wholesale, Inc.
P.O. Drawer EE
Boynton Beach, FL 33435

N38461

Principal Place of Business

Address

626 S. E. 4th Street
Boynton Beach, FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/17/85

4. FET Number

59-2542414

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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\$5.00 Fee Added to Fees

8. This corporation owes or has paid the current year filing fee Personal Property Tax due June 30.

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Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 626 S. E. 4th Street

20. Mailing Address

26 P. O. Drawer EE

State, Apt. #, etc

State, Apt. #, etc

City & State

23 Boynton Beach, FL 33435

City & State

26 Boynton Bch, FL 33425

Zip

County

Zip

County

9. Name and Address of Current Registered Agent

Jeff Tomberg, Esq.
626 S. E. 4th Street
Boynton Beach, FL 33435

81 Name

same

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

83

84 City

FL

Zip Code

33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.1505, Florida Statutes.

SIGNATURE

Signature of person changing the registered agent or office

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE

President Director

NAME

Mark Tomberg,

STREET ADDRESS

1516 S.W. 2nd Street

CITY-STATE-ZIP

Boynton Beach, FL 33435

TITLE

Vice-President Director

NAME

Jeff Tomberg

STREET ADDRESS

626 S. E. 4th Street

CITY-STATE-ZIP

Boynton Beach, FL 33435

TITLE

Sec.-Treas-Director

NAME

Lori Tomberg

STREET ADDRESS

1516 S.W. 2nd Street

CITY-STATE-ZIP

Boynton Beach, FL 33435

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

13.

1. NAME

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. NAME

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. NAME

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. NAME

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. NAME

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. NAME

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. NAME

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change

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Remove

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Add

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I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original as filed with me, and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes, and that my name appears on the report as required by Chapter 107, Florida Statutes.

Signature of Registered Agent (if different from above)