

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H41966** (3)

1. Corporation Name:

INDUSTRIAL WHOLESALERS, INC.

Principal Place of Business

**1795 DATONIA ROAD
NORMANDY ISLE FL 33141-1734**

Mailing Address

**1795 DATONIA ROAD
NORMANDY ISLE FL 33141-1734**

55 MAY -1 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1985	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2627327	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 has liability for information fee, Chapter 607, Florida Statutes ☒ 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. Country	28. Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BLUMENSTINE, MARC E.
1795 DATONIA RD.
NORMANDY ISLE FL 33141-1734**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not the Secretary, Treasurer, or President, the signature of the Registered Agent must be provided.)

Signature of Registered Agent (If Registered Agent is not the Secretary, Treasurer, or President, the signature of the Registered Agent must be provided.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	BLUMENSTINE, MARC E.	1. NAME	
STREET ADDRESS	1795 DATONIA RD.	1. STREET ADDRESS	
CITY, ST, ZIP	NORMANDY ISLE FL	1. CITY, ST, ZIP	
TITLE	V	2. TITLE	☐ Change ☐ Addition
NAME	BLUMENSTINE, MARC L.	2. NAME	
STREET ADDRESS	1795 DATONIA RD.	2. STREET ADDRESS	
CITY, ST, ZIP	NORMANDY ISLE FL	2. CITY, ST, ZIP	
TITLE	V	3. TITLE	☐ Change ☐ Addition
NAME	BLUMENSTINE, DAVID J.	3. NAME	
STREET ADDRESS	1795 DATONIA RD.	3. STREET ADDRESS	
CITY, ST, ZIP	NORMANDY ISLE FL	3. CITY, ST, ZIP	
TITLE	ST	4. TITLE	☐ Change ☐ Addition
NAME	BLUMENSTINE, TAMMY M.	4. NAME	
STREET ADDRESS	1795 DATONIA RD.	4. STREET ADDRESS	
CITY, ST, ZIP	NORMANDY ISLE FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
TITLE		7. TITLE	☐ Change ☐ Addition
NAME		7. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	

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 130.02(5)(b), 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 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 of this report, or in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC E. BLUMENSTINE

APRIL 28 - 95

305
358-7444