FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
[illegible] 15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **H66414** **(4)**

1. Corporation Name
C.A.R. WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business:
207 SO PINELLAS AVE
TARPON SPRINGS FL 34689
US

Mailing Address:
3031 ELKRIDGE DR
HOLIDAY FL 34691
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2568217 ☐ 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 intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
Country: 25 / 30

9. Name and Address of Current Registered Agent

REITER, CHARLES R.
3031 ELKRIDGE DR
HOLIDAY FL 34691

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 617.1508, 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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	REITER, CHARLES R.	NAME	
STREET ADDRESS	3031 ELKRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	REITER, CATHERINE A.	NAME	
STREET ADDRESS	3031 ELKRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Catherine Reiter CATHERINE REITER 5/12/95 813-937-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481619 FP