

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 07, 2012  
Secretary of State**

DOCUMENT# H94184

Entity Name: WHOLESALE TRUCKS, INC.

**Current Principal Place of Business:**

6286 PHILLIPS HWY.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6286 PHILLIPS HWY.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2621214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOYKE, JOHN H  
6286 PHILLIPS HWY.  
JACKSONVILLE, FL 32216      US

**Name and Address of New Registered Agent:**

GOYKE, ANNE M  
6286 PHILLIPS HWY.  
JACKSONVILLE, FL 32216      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANNE-MARIE GOYKE      12/07/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOYKE, MICHAEL R  
Address: 6286 PHILLIPS HWY.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: ANNE-MARIE GOYKE  
Address: 6286 PHILLIPS HWY.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE-MARIE GOYKE      VP      12/07/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date