

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H98882 (4)

1. Corporation Name

D & L WHOLESALE, INC.



Principal Place of Business

C/O DONALD I. ROCKHILL  
600 S. VOLUSIA AVE.  
ORANGE CITY FL 32763

Mailing Address

C/O DONALD I. ROCKHILL  
600 S. VOLUSIA AVE.  
ORANGE CITY FL 32763

2. Principal Place of Business	2a. Mailing Address
21 441 SKYWAY DR. <del>WATER</del>	26 441 SKYWAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 UNIT 2	27 UNIT 2
City & State	City & State
23 EDGEWATER FL	28 EDGEWATER FL
Zip	Zip
24 32132	29 32132
Country	Country
25 VOLUSIA	30 VOLUSIA

3. Date Incorporated or Qualified 04/01/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2708363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROCKHILL, DONALD I.  
600 S. VOLUSIA AVENUE  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1330 ROBERTA LANE
83
84 City
NEW SMYRNA BEACH FL
85 Zip Code
32168

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

*Donald I. Rockhill* DONALD I. ROCKHILL

4/27/96

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, DONALD	1.2 NAME	
STREET ADDRESS	600 S. VOLUSIA AVE.	1.3 STREET ADDRESS	1330 ROBERTA LANE
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, DONALD	2.2 NAME	
STREET ADDRESS	600 S. VOLUSIA AVE.	2.3 STREET ADDRESS	1330 ROBERTA LANE
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

*Donald I. Rockhill* DONALD I. ROCKHILL

4/27/96

904-408-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)