## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J17760** 

(6)

ROLLING STOCK WHOLESALERS, INC. Mailing Address Principal Place of Business 119 KNOLLWOOD WAY 119 KNOLLWOOD WAY FT. WALTON BEACH FL 32548-6335 FT. WALTON BEACH FL 32548 3a. Date of Last Report 3. Date Incorporated or Qualified 06/02/1986 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2709466 Not Applicable 21 26 Suitc. Ap.I. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MERRITT, BILLIE J. 701 JOHN SIMS PKWY Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 33257 83 84 City Zip Code 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 Stp. at its: type if or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TOLE HOLMES, MARGARET E. 1.2 NAME CR2E034 NAME 119 KNOLLWOOD WAY STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BCH. FL 1.4 CITY-ST-ZIP CBY S' - 719 PD ☐ DELETE Change Addition 2.1 TITLE THEF HOLMES, G. PATRICK 2.2 NAME NAM 119 KNOLLWOOD WAY 2.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL CHY-ST ZIP 2.4 CITY-ST-2IF DELETE Change Addition 3.1 TITLE ΉII:€ HAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY-ST-ZIP OHY ST-ZW DELETE Change \_\_\_ Addition TATLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ASSURESS 4.4 CITY - ST- ZIP 001 ST-769 \_\_ Change DELETE Addition 1111 5.1 TITLE 100,466 5.2 NAME \$7REEL 400/2005 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-\$1-76 Change DELETE Addition 111,8 6.1 TITLE 6.2 NAME NAME STREET ACOURESS 6.3 STREET ADDRESS

SIGNATURE:

D/TY-\$1-72

14. Ido hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in dicated 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 coefficient or director of the corporation or the coefficient with an address. Atrick HOLMES 04.25.97 904-664-6477 SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING

64 CITY-ST-ZIP