

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J28246** (3)
1. Corporation Name
TNT WHOLESALE DISTRIBUTION, INC.



Principal Place of Business % ELINOR J. DUVAL 1325 SNELL BLVD., N.E., SUITE #209 ST. PETERSBURG FL 33704	Mailing Address % ELINOR J. DUVAL 1325 SNELL BLVD., N.E., SUITE #209 ST. PETERSBURG FL 33704
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DO NOT WRITE IN THIS SPACE

CHANGE INFORMATION		3. Date Incorporated or Qualified 08/06/1986	
2. Principal Place of Business 21 625 Quintana PL N.E. Suite, Apt. #, etc.	2a. Mailing Address 26 625 Quintana PL N.E. Suite, Apt. #, etc.	4. FEI Number 59-2756336	Applied For ☒ Not Applicable
22 City & State 23 St. Petersburg, FL	27 City & State 28 St. Petersburg, FL	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip 33703	25 Country USA	29 Zip 33703	30 Country USA
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent DUVAL, ELINOR J. 1325 SNELL ISLE BLVD., N.E. SUITE #209 ST. PETERSBURG FL 33704		10. Name and Address of New Registered Agent	
CHANGE INFORMATION		81 Name Jeanine D. Wallace	
		82 Street Address (P.O. Box Number is Not Acceptable) 625 Quintana PL N.E.	
		83	
		84 City St. Petersburg	85 Zip Code FL 33703

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 *Jeanine D. Wallace* **Jeanine D. Wallace** **4-22-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	☐ DELETE	1.1 TITLE President	☒ Change ☐ Addition
NAME WALLACE, JEANINE D		1.2 NAME	
STREET ADDRESS 625 QUINTANA PLACE N.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33703		1.4 CITY-ST-ZIP	
TITLE DSY	☐ DELETE	2.1 TITLE Vice President	☒ Change ☐ Addition
NAME DUVAL, THEODORE J.		2.2 NAME	
STREET ADDRESS 4832 QUEEN PALM TERRACE N.E.		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP	
TITLE DP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME WALLACE, RICHARD W.		3.2 NAME	
STREET ADDRESS 625 QUINTANA PLACE N.E.		3.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33703		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE Sec./Treas.	☐ Change ☒ Addition
NAME		4.2 NAME Elinor J. Duval	
STREET ADDRESS		4.3 STREET ADDRESS 4832 Queen Palm Terrace N.E.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Jeanine D. Wallace* **Jeanine D. Wallace** **4-22-98**

CR2E034 (10/97)