

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

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JAN 27 AM 8:48

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <b>DOCUMENT # K61261 (9)</b><br>1. Corporation Name<br><b>SURPLUS WHOLESale BROKERS, INC.</b> |
|-----------------------------------------------------------------------------------------------|

|                                                                                                                                  |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O DEWEY P. EASLEY<br/>         112 E. TEVER STREET<br/>         PLANT CITY FL 33566-2410</b> | Mailing Address<br><b>C/O DEWEY P. EASLEY<br/>         112 E. TEVER STREET<br/>         PLANT CITY FL 33566-2410</b> |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                       |  |                                                                                                                                                  |  |                                                                                                 |                                              |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                         |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                               |  | 3. Date Incorporated or Qualified<br><b>01/26/1989</b>                                          | 3a. Date of Last Report<br><b>02/04/1994</b> |
| 4. FEI Number<br><b>59-2936855</b>                                                                                    |  | Applied For<br>Not Applicable                                                                                                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                 |                                              |

|                                                                                                                                                     |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9. Name and Address of Current Registered Agent</b><br><b>EASLEY, DEWEY P.<br/>         112 E. TEVER STREET<br/>         PLANT CITY FL 33566</b> | <b>10. Name and Address of Now Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 *Dewey P. Easley* DATE **1-23-95**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EASLEY, DEWEY P.       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4621 VALLEY VIEW DR. E | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAKELAND FL            | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | ST                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EASLEY, SUZANNE C.     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4621 VALLEY VIEW DR. E | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAKELAND FL            | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EASLEY, DONALD M.      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 926 EUCLID AVENUE      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LAKELAND FL            | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 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                      |                        | 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                      |                        | 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 110.07(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, as changed, or on an amendment with an address.

SIGNATURE: *Dewey P. Easley* DATE **1-23-95**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR