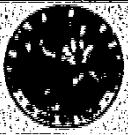


FILE NOW: FILING FEE AFTER MAY 1 IS \$120.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L13208

(8)

1. Corporation Name

TAMPA WHOLESALE MART, INC.

Principal Place of Business

5510 6TH ST N
ST PETERSBURG FL 33703

Mailing Address

5510 6TH ST N
ST PETERSBURG FL 33703

95 APR 19 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ALLEN, C. STEPHEN
ONE URBAN CENTRE, SUITE 340
4830 WEST KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL 85 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

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, L.T.	1.2 NAME	
STREET ADDRESS	368 6TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, MARIE	2.2 NAME	
STREET ADDRESS	368 6TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECER, J. T.	3.2 NAME	
STREET ADDRESS	422 3RD AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE 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)(b), 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: Marie Welch, Marie Welch, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF BREWING OFFICER OR DIRECTOR

8/3/528-1201
Dwight Hixson