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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

149383

(7)

| Principal Place | WHOLESALE FOODS, INC. of Business | Mailing Address | | | |
|---|---|-----------------------------------|---|--|---|
| 5164 SO. FI 1456 N TOR | | 1456 NOTORO DR. 1456 N TORO DR | | | |
| INVERNESS FL 34450 US | | INVERNESS FL 34453 US | | 3. Date Incorporated or Qualified 02/13/1990 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailing Address 26 | | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Regulred |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | 1 0 1 | Trust Fund Contribution | A0060 10 1 663 |
| Zip | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for Florida Statutes Yes | intangible tax under s 199.032, |
| 24 | 9. Name and Address of Curren | | 30 | 10. Name and Address of New F | <u> </u> |
| ··· | | | 81 Name | | |
| STEINHAUER, FREDERICK JR. 1456 NORTH TORO DR INVERNESS FL 34453 | | | 82 Street Addr 83 84 City | ess (P.Ö. Box Number is Not Acceptat | FL 85 Zip Code |
| or registere | o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti | da. Such change was authorit | zed by the corporation's boar | ation submits this statement for the pured of directors. I hereby accept the app | roose of changing its registered office |
| SIGNATURE . | | | | | DATE |
| 12. | Signature, typed or printed name of registered agent OFFICERS AN! | | OTE Registered Agent signature require 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | PD | DELETE | 1. 1 TiTLE | | Change Addition |
| NAME | STEINHAUER, FREDERICK | JR | 1.2 NAME | | |
| STREET ADDRESS | 1456 NORTH TORO DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-SI-ZIP | INVERNESS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | TS | ☐ DELETE | 2. 1 TITLE | | Change Addition |
| NAME | STEINHAUER, JOAN Z | | 2.2 NAME | | |
| STREET ADDRESS | 1456 NORTH TORO DR | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS FL | | 24 CITY-ST-ZIP | | |
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| NAME | | | 5.2 NAME | | |
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| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | l | | 6.4 CITY - ST - ZIP | | |

4-25-961-852-7267300