


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000007749</b> 1. Entity Name WHOLESALE SOUTH DISTRIBUTING, INC.	
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Principal Place of Business  
2324 WAVERLY BARN RD  
DAVENPORT, FL 33897

Mailing Address  
P.O. BOX 105035  
ATTN: TAX DEPT.  
ATLANTA, GA 30348-5035



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3630535	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CAS
NAME	BOLCH, JR., CARL
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	CEOD
NAME	BOLCH, JR., CARL
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	PASD
NAME	LENKER, MAX
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	SD
NAME	BOLCH, SUSAN BASS
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	CFOT
NAME	DUMBACHER, ROBERT J
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	VPAS
NAME	CZAJA, CLAUDE P
STREET ADDRESS	2324 WAVERLY BARN RD
CITY-ST-ZIP	DAVENPORT, FL 33897

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04/28/04-80035-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Dumbacher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (770) 431-7600, x188  
Date Daytime Phone

ROBERT J. DUMBACHER