FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25526** **(5)**

1. Corporation Name
VARIETY WHOLESALERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3401 GRESHAMS LAKE ROA RALEIGH NC 27615	3401 GRESHAMS LAKE ROA RALEIGH NC 27615

3. Date Incorporated or Qualified: **08/07/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **56-0653322** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	POPE, JOHN W.	12 NAME	
STREET ADDRESS	2520 GLENWOOD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	POPE, JAMES P.	22 NAME	
STREET ADDRESS	8601 STERLING COURT	23 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	POPE, JOHN W., JR.	32 NAME	
STREET ADDRESS	14205 WYNDFIELD CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	VST	41 TITLE	☐ Change ☐ Addition
NAME	POPE, JAMES A.	42 NAME	
STREET ADDRESS	2405 GLENWOOD AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BONDS, JACK W.	52 NAME	
STREET ADDRESS	548 WEATHERGREEN DR.	53 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	POPE, JOYCE	62 NAME	
STREET ADDRESS	2520 GLENWOOD AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	64 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 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: John W. Pope **John W Pope, President** **4/26/95** **919-876-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476083 FP