

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 009 ***150.00

DOCUMENT # P25526

1. Entity Name
VARIETY WHOLESALERS, INC.



Principal Place of Business
1000 FACET RD
HENDERSON, NC 27536

Mailing Address
PO DRAWER 947
HENDERSON, NC 27536



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0653322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE *CEO, Chairman*
NAME POPE, JAMES A
STREET ADDRESS 218 SOUTH GARNETT STREET
CITY - ST - ZIP HENDERSON, NC 27536

TITLE V
NAME SAWYER, WILSON
STREET ADDRESS 218 SOUTH GARNETT STREET
CITY - ST - ZIP HENDERSON, NC 27536

TITLE VPC
NAME SPRUNGER, BRANT
STREET ADDRESS 1000 FACET ROAD
CITY - ST - ZIP HENDERSON, NC 27537

TITLE EVP
NAME FAVREAU, KEITH
STREET ADDRESS 1000 FACET ROAD
CITY - ST - ZIP HENDERSON, NC 27536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President Controller

4/25/08 *252-430-2375*
Date Daytime Phone #