FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000053894 (0)**

1. Corporation Name
A & J WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business
109 N.E. SAGAMOIRE TERRACE
PORT ST. LUCIE FL 34983

Mailing Address
109 N.E. SAGAMOIRE TERRACE
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 08/10/1995

2. Principal Place of Business
21 545 Michigan Avenue
Suite, Apt #, etc
22 Suite 2
City & State
23 Miami Beach, Florida
Zip 24 33139 Country 25 U.S.A.

2a. Mailing Address
26 545 Michigan Avenue
Suite, Apt #, etc.
27 Suite 2
City & State
28 Miami Beach, Florida
Zip 29 33139 Country 30 U.S.A.

4. FEI Number: 65-0424044 — 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
ALLIGOOD, GENE R
109 N.E. SAGAMORE TERRACE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent
81 Name: Alligood, Gene R.
82 Street Address (P.O. Box Number is Not Acceptable): 545 Michigan Avenue
83 Suite 2
84 City: Miami Beach, FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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] 3/29/96
Signature, typed or printed name of registered agent and title if a corporate officer (NOTE: Registered Agent signature required with resignation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	ALLIGOOD, GENE R JR	1.2 NAME	Alligood, Gene R Jr.
STREET ADDRESS	109 NE SAGAMORE TERRACE	1.3 STREET ADDRESS	545 Michigan Ave., Suite 2
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: [signature] GENE R. Alligood, Jr. 3/29/96 (305) 672-3987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #