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 # **P93000056227 (0)**

1. Corporation Name

QUALITY WHOLESALE, INC.

Principal Place of Business	Mailing Address
1835 N. WASHINGTON BLVD. SARASOTA FL 34234	1835 N. WASHINGTON BLVD. SARASOTA FL 34234

3. Date Incorporated or Qualified: **08/16/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 5720 JASON LEE PL
22: Suite, Apt. #, etc
23: City & State: SARASOTA FL
24: Zip: 34233
25: Country: SARASOTA

2a. Mailing Address
26: 5720 JASON LEE PL
27: Suite, Apt. #, etc.
28: City & State: SARASOTA FL
29: Zip: 34233
30: Country: SARASOTA

4. FEI Number: **65-0434061** ☐ 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

HOLDEN, WILLIAM ROBERT
4183 CORTE LA VISTA
SARASOTA FL 34238

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	HOLDEN, WILLIAM R.		1.2 NAME	HOLDEN, WILLIAM R	
STREET ADDRESS	1835 N WASHINGTON BLVD		1.3 STREET ADDRESS	5720 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	S	☐ DELETE	2.1 TITLE	S	☑ Change ☐ Addition
NAME	HOLDEN WILLIAM ROBERT		2.2 NAME	HOLDEN WILLIAM ROBERT	
STREET ADDRESS	1835 A WASHINGTON BLVD		2.3 STREET ADDRESS	5720 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	T	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	HOLDEN, WILLIAM ROBERT		3.2 NAME	HOLDEN, WILLIAM ROBERT	
STREET ADDRESS	1835 N WASHINGTON BLVD.		3.3 STREET ADDRESS	5720 JASON LEE PL	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL 34233	
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	100001892391	☐ Change ☐ Addition
NAME			5.2 NAME	-07/12/96--01062--005	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
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)(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: William R Holden WILLIAM R HOLDEN 2-25-96 941-925-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #