


**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90005 035 \*\*\*150.00

08-13-1999 90010 047 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000056227**

1. Corporation Name

**QUALITY WHOLESALE, INC.**

Principal Place of Business

 5686 JASON LEE PL  
 SARASOTA FL 34233  
 US

Mailing Address

 4183 CORTE LA VISTA  
 SARASOTA FL 34233  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

65-0434061

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
 Fee Required

6. Election Campaign Financing

 \$5.00 May Be  
 Added to Fees

Trust Fund Contribution

 8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☒ No

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

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 P  
 HOLDEN, WILLIAM R.  
 5686 JASON LEE PL  
 SARASOTA FL 34233

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 S  
 HOLDEN WILLIAM ROBERT  
 5686 JASON LEE PL  
 SARASOTA FL 34233

 TITLE ☐ DELETE  
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 STREET ADDRESS  
 CITY-ST-ZIP

 T  
 HOLDEN, WILLIAM ROBERT  
 5686 JASON LEE PL  
 SARASOTA FL 34233

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)