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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000029399 (0)

1. Corporation Name

FIRST QUALITY WHOLESALE, INC.



Principal Place of Business

**5817 BEGGS ROAD UNIT #1
ORLANDO FL 32810**

Mailing Address

**5817 BEGGS ROAD UNIT #1
ORLANDO FL 32810**

2. Principal Place of Business

21 **836 ORANGE AVE**

State, Apt. #, etc.

22 City & State

23 **WINTER PARK, FL**

24 Zip **32789** Country **USA**

2a. Mailing Address

26 **836 ORANGE AVE**

State, Apt. #, etc.

27 City & State

28 **WINTER PARK FL**

29 Zip **32789** Country **USA**

9. Name and Address of Current Registered Agent

**VANDERMAST, ARNOLD E JR
5817 BEGGS ROAD UNIT #1
ORLANDO FL 32810**

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 607.0602 and 607.0603, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report

Signature of the person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **VANDERMAST, ARNOLD E JR**
STREET ADDRESS **2403 HOWARD DR.**
CITY, ST, ZIP **WINTER PARK FL 32789**

☐ DELETE

TITLE **VSD**
NAME **KEDERICK, COBBY**
STREET ADDRESS **2305 SMILEY AVE.**
CITY, ST, ZIP **WINTER PARK FL 32792**

☐ DELETE

TITLE **D**
NAME **WILLIAM J. BEHR**
STREET ADDRESS **2338 HOWARD DRIVE.**
CITY, ST, ZIP **WINTER PARK FL**

☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
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CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(k), Florida Statutes. I further certify that the information located 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 I am not being removed or replaced with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

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3/27/96 407-628-4322

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