FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062171 (1)**

1. Corporation Name
COUNT WHOLESALERS, INC.

Principal Place of Business	Mailing Address
4302 E 10TH AVE. 305 TAMPA FL 33605	4302 E 10TH AVE. 305 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4302 E. 10th Ave	26 4302 E. 10th Ave
Suite, Apt. #, etc. 22 302	Suite, Apt. #, etc. 27 302
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33605 / 25 USA	Zip / Country 29 33605 / 30 USA

4. FEI Number: 59-3233682 ☐ 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	10. Name and Address of New Registered Agent
MONROE, JOE T 17911 SIMMS RD ODESSA FL 33556	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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	DP	11 TITLE		☐ Change ☐ Addition
NAME	MONROE, JOE T	12 NAME		
STREET ADDRESS	17911 SIMMS RD	13 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	MOLINA, ADELFA	22 NAME		
STREET ADDRESS	606 MISSONWOOD DR	23 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	SINGLETON, CEDRIC H	32 NAME		
STREET ADDRESS	7608 SANIBEL CIR S	33 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	D	☑ Change ☑ Addition
NAME	SUTHERLIN, JAMES J	42 NAME	Adrian Hernandez	
STREET ADDRESS	1746 BRONSON PL	43 STREET ADDRESS	606 Missionwood Drive	
CITY-ST-ZIP	ODESSA FL 33556	44 CITY-ST-ZIP	Seffner FL 33584	
TITLE	DT	51 TITLE	D	☒ Change ☐ Addition
NAME	HANDLIN, WILLIAM	52 NAME		
STREET ADDRESS	11509 BEL MACK BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	54 CITY-ST-ZIP		
TITLE		61 TITLE	TS	☐ Change ☑ Addition
NAME		62 NAME	Margaret Handlin	
STREET ADDRESS		63 STREET ADDRESS	11509 Belmack Blvd. S.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Odessa FL 33556	

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: Margaret Handlin 4/24/95 813-224-3682
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Margaret Handlin, Secretary/Treasurer

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