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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000066636 (9)**

1. Corporation Name

**BANNER WHOLESALERS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1824 WEST WASHINGTON STREET ORLANDO FL 32805	1824 WEST WASHINGTON STREET ORLANDO FL 32805

3. Date Incorporated or Qualified <b>08/30/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3264074</b>	Applied For Net Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>515 FERGUSON DR.</b>	26 <b>515 FERGUSON DR</b>
22 <b>SUITE A</b>	27 <b>SUITE A</b>
23 <b>ORLANDO, FL</b>	28 <b>ORLANDO, FL</b>
24 <b>32805</b>	29 <b>32805</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**TOOT, PAULA**  
1824 WEST WASHINGTON STREET  
ORLANDO FL 32805

10. Name and Address of New Registered Agent

B1 Name	<b>TOOT, PAULA</b>
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>515 A FERGUSON DR.</b>
B3	
B4 City	<b>ORLANDO</b>
B5 State	<b>FL</b>
B6 Zip Code	<b>32805</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature based on printed name of registered agent and the # above. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOOT, PAULA</b>	1.2 NAME	
STREET ADDRESS	<b>1824 WEST WASHINGTON STREET</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>ORLANDO FL 32805</b>	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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(1)(b), 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 1917, Florida Statutes, and that my name appears in Block 12 or Block 13 of change, or both in addition with my address.

SIGNATURE: \_\_\_\_\_ **Raymond C. Toot-President** 4/24/95 (407)-297-1337  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR