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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000079420 (3)**

1. Corporation Name
WHOLESALE STRUCTURES, INC.

Principal Place of Business
5593 HWY 90
MILTON FL 32570

Mailing Address
5593 HWY 90
MILTON FL 32571-1539

3. Date Incorporated or Qualified: **10/27/1994**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business
21 327 Loretta Street
22 Suite, Apt. #, etc.
23 City & State: Pensacola, FL.
24 Zip: 32505 25 Country

2a. Mailing Address
26 ~~327~~
27 Suite, Apt. #, etc.: P O Box 15268
28 City & State: Pensacola, FL
29 Zip: 32514 30 Country

4. FEI Number: **59-3275126** ☐ 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
SCHIMMEL, DEBBIE
5593 HWY 90
MILTON FL 32570

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHIMMEL, DEBBIE	1.2 NAME	
STREET ADDRESS	5593 HWY 90	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Debbie Schimmel	2.2 NAME	
STREET ADDRESS	327 Loretta St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32505	2.4 CITY-ST-ZIP	
TITLE	Resident Agent ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Debbie Schimmel	3.2 NAME	
STREET ADDRESS	327 Loretta Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL. 32505	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Debbie. Schimmel	4.2 NAME	
STREET ADDRESS	327 Loretta Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL. 32505	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] DEBBIE SCHIMMEL 3-3-97 (904) 484-3171
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #