

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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1998 MAY 13 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
327 LORETTA ST
PENSACOLA FL 32505
US

Mailing Address
PO BOX 15268
PENSACOLA FL 32514
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 327 LORETTA STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 15268
Suite, Apt. #, etc.

23 Pensacola, Florida
City & State
Zip Country

28 Pensacola, Florida
City & State
Zip Country

24 32505 25 Escambia 29 32514 30 Escambia

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PDS
NAME SCHIMMEL, DEBBIE
STREET ADDRESS 5593 HWY 90
CITY-ST-ZIP MILTON FL 32570

TITLE P
NAME SCHIMMEL, DEBBIE
STREET ADDRESS 327 LORETTA ST
CITY-ST-ZIP PENSACOLA FL

TITLE RA
NAME SCHIMMEL, DEBBIE
STREET ADDRESS 327 LORETTA ST
CITY-ST-ZIP PENSACOLA FL

TITLE S
NAME SCHIMMEL, DEBBIE
STREET ADDRESS 327 LORETTA ST
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

850-484-3171

Date

Daytime Phone # 0507845

CR2E034 (10/97)