

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90263 049 \*\*\*158.75

DOCUMENT # P95000004759

1. Corporation Name  
GULF COAST WHOLESALE, INC.

Principal Place of Business  
5845 PADMER BLVD  
SARASOTA FL 34232  
US

Mailing Address  
5845 PADMER BLVD  
SARASOTA FL 34232  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/19/1995

4. FEI Number  
65-0544737

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 4000 Bee Ridge Rd  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4000 Bee Ridge Rd  
Suite, Apt. #, etc.

22 City & State  
23 Sarasota FL  
Zip Country

27 City & State  
28 Sarasota FL  
Zip Country

24 34233 25 US

29 34233 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDFOGEL, MARCIA L  
5230 SUSAN AVE.  
SARASOTA FL 34231

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 Marcia L. Waldfogel U.P. Sec. Marcia L. Waldfogel 4-20-99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS  
NAME WALDFOGEL, MARCIA L  
STREET ADDRESS 5230 SUSAN AVE.  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE VD  
NAME WALDFOGEL, STANLEY L  
STREET ADDRESS 5230 SUSAN AVE.  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE PD  
NAME WALDFOGEL, STANLEY L  
STREET ADDRESS 5230 SUSAN AVE.  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Marcia L. Waldfogel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P. / Sec  
Marcia L. Waldfogel 4-20-99  
Date Daytime Phone #

941 936-7337

CR2E034 (11/98)

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