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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

NAME STREET ADDRESS

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



L'ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005775 (7)

R.M.C. WHOLESALE INC.

Mailing Address Principal Place of Business 12708 DANIEL DRIVE 12706 DANIEL DRIVE **CLEARWATER FL 34622** CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3355392 Not Applicable 26 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROACH, DONALD 12706 DANIEL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34622** 83 84 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) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ROACH, DONALD A 1.2 NAME NAME 12706 DANIEL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 3.1 TiTLE

14. Thereby 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 of 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 of the receiver or trusted expressed 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.

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3R2F034 (10/97)

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 28 1998 8:00am

Secretary of State