

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

DOCUMENT # P97000020761

1. Corporation Name

G.A.O. Wholesale, Inc.

Principal Place of Business

9310 U.S. Hwy. 19 N.
Port Richey, FL 34668

Mailing Address

9310 U.S. Hwy. 19 N.
Port Richey, FL 34668

2. Principal Place of Business

9310 U.S. Hwy. 19 N.
Suite, Apt. #, etc.

2a. Mailing Address

9310 U.S. Hwy. 19 N.
Suite, Apt. #, etc.

City & State

Port Richey, FL

27. City & State

Port Richey, FL

Zip

34688

Country

USA

28. Zip

34688

29. Country

USA

9. Name and Address of Current Registered Agent

Patrick M. O'Connor, Esquire
22240 Belleair Road, Suite 160
Clearwater, Florida, 33764

81. Name

Patrick M. O'Connor, Esquire

82. Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Rd. Ste. 160

83. City

Clearwater

FL

85. Zip Code

33764

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)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, if further certified by the 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Signature of Steven Lee Pitts

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN HERE

Information that I am an appears in

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90284 023 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 3, 1997

Applied For

Not Applicable

4. FEI Number

59-3455266

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

CR2E034 (1/98)