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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000020761

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

04-29-1999 90284 023 ***150.00

| orporation Name 1.0. Wholesale, Inc | • | | \ | |
|--|---|---|--|--|
| | | | | |
| . Formess | Mailing Address 9310 U.S. Hwy. 19 N. 9310 U.S. Ft. 34668 | | DO NOT WRITE IN THIS SPACE | |
| " ' A UMV. 12 " DiANEV. F4 | | L 34668 | | |
| 10 0.5. her. rt Richey, FL 34668 | Port Kroust | <u>}</u> | 3. Date Incorporated or Qualifed | |
| rt Richell | | Ì | March 3/ | Applied For |
| | | | 4. FEI Number | Not Applicable |
| | 2a. Mailing Address | . 19 N. | 59-3455266 | \$8.75 Additional |
| Principal Place of Business | | <u>Y • 1 5 </u> | 5. Certificate of Status Desired | Fee Required |
| Principal Place of Business 9310 U.S. Hwy. 19 | Suite, Apt. #, etc. | | | \$5.00 May Be |
| Suite, Apt. #, etc. | 27 | | 6. Election Campaign Financing | Added to Fees |
| | City & State Port Richey | . FL | | rear Intangible |
| City & State | 28 Port Richer | Country | Trust Fund Contribution Trust Fund Contribution This corporation owes the current year. | Yes No |
| Port Richel | | USA | Personal Property Tax. 10. Name and Address of New Regi | stered Agent |
| Country | 3400030 | | 10. Name and Address of | Fequire |
| 34688 25 USA 9. Name and Address of | Jurrent Registered Agent | 81 Name Da | trick M. O'Connor | 804 |
| 9. Name and Address of | maguire | F da | ess (P.O. Box Number is Not Acceptable 40 Belleair Rd. S | e. 160 |
| Patrick M. O'Conno: | chica 160 | 82 Street Addit | 40 Bellealr Ru. B | |
| Patrick M. O'Conno. 2240 Belleair Road Florid | , Suite 100 | 83 | | Tast Zin Code. |
| 2240 Belleair Road Clearwater, Florid | a, 33/04 | t · t | | FL 85 Zip Code 4 |
| Clearwacez | | 84 City C | learwater | rnose of changing its registered |
| | | - remed col | poration submits this statement for the properties accept | the appointment as registered |
| | and 607,1508, Florida Statutes, | the above harroom | tion's board of directoral. | |
| Clearwater, PTOTTO 11. Pursuant to the provisions of Sections office or registered agent, or both, in the order of the control of the order of the control of the order of th | 607.0502 and 607.1508, Florida Statutes, le State of Florida. Such change was authe obligations of, Section 607.0505, Florid | a Statutes. | | DATE |
| office or registered agent, or bottom, of | ne obligations of, Section 55 | tegistered Agent signature requ | ured when reinstating) ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| agent. I am familia. | (NOTE: R | (Bgisterba - ig | ADDITIONS/CHANGES TO OTT | Change Addition |
| SIGNATURE Signature, typed or printed name of re | CERS AND DIRECTORS DELETE | 13. | | |
| UFF1 | CERS AND DIRECTE | 1.1 TITLE | | |
| 12. President | | 1.2 NAME | | |
| NAME Carol Pitts | - : 108/ | 1.3 STREET ADDRESS | | ☐ Change ☐ Addition |
| | | 1.4 CITY-ST-ZIP | | |
| 1 0 ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | 2.1 TITLE | | |
| Tice Preside | env | 2.2 NAME | | |
| NAME Steven Pitt | s | 23 STREET ADDRESS | | ☐ Change ☐ Addit |
| | | 2.4 CITY-ST-ZIP | | - <u>-</u> |
| STREET ADDRESS - ZOT - Cope rai | ings, Florida DELETE | 3.1 TITLE | 1 | |
| CITY-ST-ZIP Tarpon SP | _ | 3.2 NAME | | |
| Treasurer Steven Pitts STREET ADDRESS 201 Copeland Drive 108/ STREET ADDRESS 201 Copeland Prive 108/ STREET ADDRESS 201 Copeland Drive 108/ STREET ADDRESS 201 Copeland Drive 108/ | | 3.3 STREET ADDRESS | | ☐ Change ☐ Add |
| NAME Steven Fig | nd Drive/01/ | 3.4. CITY-ST-ZIP | | _ |
| STREET ADDRESS ZOT Copela | ings, Florida DELETE | A 4.1 TITLE | | |
| crry-st-2P Tarpon Spi | **** | 4.2 NAME | _} | _ |
| TIME Secretary | | 4.3 STREET ADDRES | s | ☐ Change ☐ Add |
| NAME Carol Pitt | nd Drive 1081 | 4.4 CITY-ST-ZIP | | U-1-1-2 |
| STREET ADDRESS 201 Cope 1 | ind DITTORIDA DELETE | 51 TITLE | | |
| CITY-SI-MP Tarpon SP | rings, Florida DELETE | 5.2 NAME | 200 | |
| \ Title \ | | 5.3 STREE! ADDRE | | Change A |
| NAME | | 5.4 CITY-ST-ZIP | | |
| STREET ADDRESS | ☐ DELETE | 61 TITLE | } | |
| CITY-ST-ZIP | | 6.2 NAME | _} | |
| TITLE | | 6.3 STREET ADDR | | ie informa |
| 1 | | 64 CITY-ST-ZIP | 10 07(3\/i) Florida Ştat | utes I further car () iat I am a |
| 1 | | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
| 1 | | ify for the exemption s | tated in Section 119. the same legal effect signature shall have the same legal effect signature shall have the same legal effect. | tutes and that |
| NAME STREET ADDRESS | ation supplied with this filing does not qual or supplemental annual report is true and ation or the receiver or trustee empowere ation or an attachment with an autoress, w | ity for the exemption s accurate and that my | tated in Section 119,000 to signature shall have the same legal effecting signature shall have the same legal effect signature of the same legal effect signature. | et as if made und stutes and that m |

TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR