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 # P97000025409 1. Corporation Name

 Corporation 	Name					
WRANGLER SALES INC.						
District Disco	of Pusiness	Mailing Address				-
Principal Place of Business Mailing Address 710 BISHOP DRIVE 1 ADVIAGE EL 20159						
ADY LAKE FL 32159 LADY LAKE FL 32159						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	•	• •				03/11/1997 A FFI Number Applied For
2. Principal Pl	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing S5:00 May Be Taust Final Contribution Added to Fees	
23 City & State		28			Trust Fund Contribution	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	123	30			10. Name and Address of New Registered Agent
	9. Name and Address of Curre	III vadistaien väeur		81	Name	
MITCHELL, THOMAS L				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
2247 N CITRUS BLVD #301				Ш.		
LEES	SBURG FL 34748		· ·	83		
				l I	City	FL 85 Zip Code
	10 0 07 05	02 and 607 1508 Florida Statute	es, the al	bove-	named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
11. Pursuant office or	t to the provisions of Sections 607.03 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	uthorized rida Statu	l by th utes.	ne corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the cong	, da				
SIGNATURE	Signature, typed or printed name of registered ag			Agent s	signature requir	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	TLE		☐ Change ☐ Addition
TITLE	D NITCHELL THOMAS I			AME		
NAME STREET ADDRESS	ACAT NI CITOLIC DI VID #201		1.3 8	TREET	ADDRESS	
CITY-ST-ZIP	I FESBURG FL 34748		_	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE		2.1 TITLE		
NAME			2.2 N		ADOBECC	
STREET ADDRESS		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		1		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
TITLE			3.2 N	AME		
NAME STREET ADDRESS			3.3 8	STREET	ADDRESS	
CITY-ST-ZIP			_	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE				ITILE		
NAME				NAME STREET	ADDRESS	
STREET ADDRES	STREET ADDRESS		- 1	4.4 CITY-ST-ZIP		
CITY-ST-ZIP	- 1 DELETE		_	5.1 TITLE		☐ Change ☐ Addition
NAME			5.21	NAME		
STREET ADDRE	ss				ADORESS	
CITY_ST_7IP				5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE		NAME	1	_
NAME			1		TADDRESS	
STREET ADDRE	ess			CITY-S		

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not sualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is the anit accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or suppliemental annual report is the anit accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or suppliemental annual report is the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attachment with an address, with all otherwise empowered.

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90018 048 ***150.00

CR2E034 (11/98)