

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000017606**

1. Corporation Name

**WHOLESALE EXPRESS, INC.**

Principal Place of Business

9604 SR 52  
HUDSON FL 34667

Mailing Address

9604 SR 52  
HUDSON FL 34667

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90002 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1998**

4. FEI Number

**59-3496254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PEARCE, W J SR  
10150 CASEY DRIVE  
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PEARCE, THERESA**  
STREET ADDRESS **10150 CASEY DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ DELETE  
NAME **PEARCE, W J SR**  
STREET ADDRESS **10150 CASEY DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ DELETE  
NAME **PEARCE, JOSEPH A**  
STREET ADDRESS **10150 CASEY DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99

727-861-7667

Date

Daytime Phone #

CR2E034 (5/99)



P98000017606  
594963-90002-19

**William R. Demers & Company, CPA's PA**

8211 S.R. 52 • Hudson, Florida 34667 • Phone 727-862-3011 • Fax 727-868-2964

July 16, 1999

Florida Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Wholesale Express, Inc. Annual Report  
P98000017606

Dear Sirs:

Enclosed please find the annual report for the above named corporation and their check for \$150.00. My office prepares the tax returns for the corporation. On March 11, 1999, the corporate tax returns, Florida Intangible tax returns and Florida Annual Report were delivered to the taxpayer. The taxpayer filed all tax returns immediately. However, it appears that the Annual Report was sent in without a check.

The Department of State did not return the annual report, or notify the taxpayer a check had not been received. As this is their first year of business, they are unfamiliar with the various filings and payments necessary. We respectfully request waiver of the late payment penalty.

Sincerely,

A handwritten signature in cursive script that reads 'William R. Demers'.

William R. Demers