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 # P98000035059

1. Corporation Name: WHOLESALE, INC.

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90181 004 ***150.00



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Principal Place	e of Bus	iness	Mailing Address			١.	Į,				
9506 PLYMOUTH LANE CANTONMENT FL 32533]]	9506 PLYMOUTH LANE CANTONMENT FL 32533		!			DO NOT WRI	TE IN THIS S	PACE	
			•					ate Incorporated or Qualifed 4/15/1998			
2. Principal Pl	lace of	Business	2a. Mailing Address			468	4. F	El Number			Applied For
21			26			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	59-35217	42		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	·*			5. C	ertifcate of Status Desired			5 Additional Required
City & State	e -		City & State					ection Campaign Financing rust Fund Contribution		•	May Be ed to Fees
Zip		Country	Zip	Cou	ıntry	\$;	8. TI	his corporation owes the curr	ent year Intai	ngible	
24		25	29	30		Ž.	P	ersonal Property Tax.		☐ Yes_	<u> </u>
<u></u>	9. N	ame and Address of Currer	t Registered Agent			j	10. N	ame and Address of New I	Registered A	gent	<u></u>
		N= 141	·		81	Name					
	E, ED				82	Street Address	ss (P.O	. Box Number is Not Accepta	able)		
		OUTH LANE			~	A Addres	JU (1 .O				
CAN	IONME	ENT FL 32533		5/1	83	13'					
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			,	•	84	City			FL	85 Z	ip Code
11. Pursuant	to the o	rovisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-	named corpor	ration s	ubmits this statement for the	purpose of c	hanging	its registered
office or r	onietera	ad agent or both in the State	of Florida. Such change was a tions of, Section 607.0505, Fk	authorize	d by th	ne corporation	n's boar	d of directors, I hereby acce.	pt the appoint	ımenı as	- registered
SIGNATURE	Class de la constant	typed or printed name of registered ager	et and title if applicable (NOTI			signature required v	when reins	stating)	DATE	7.7	
12,	Signature		ID DIRECTORS	13.	- 7-90411 6	roquilou e		DITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12
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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, with all other like empowered.

SIGNATURE: