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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060860

1. Corporation Name

WHEFI FR AUTO WHOLESALE INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90025 049 ***150.00

| Principal Place | e of Business | Mailing Address | | | | Bi tib ibibi ibiti satti gatti astti | | • | |
|--|--|-----------------------------------|---|---|--|--------------------------------------|--------------------|---|---------|
| POST OFFICE BOX 61531 POST OFFICE BOX 61531 | | | | | | | | | |
| ST. PETERSBURG FL 33784-1531 ST. PETERSBURG FL 33784-1 | | | 4-1531 | . * | • | | T. 110 00 40E | | |
| 1 | | | | • | B-4- I | DO NOT WRITE IN | THIS SPACE | | |
| area. | | | | | 07/09/19 | | | | , |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | ومعتران م | | 4FEI Numbe | 2 (-111 ()) | \- | plied For | |
| <u></u> [편 조 🗀 | | 26 | | | 59-3 | 3541452 | | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of | of Status Desired | * - | Additional equired | |
| City & State | e | City & State | | | 6. Election Ca | ampaign Financing | • | May Be | ! |
| 23 | <u> </u> | 28 | | | Trust Fund | Contribution | Added | to Fees | |
| Zip | Country Zip | | | itry | 1 ' | ration owes the current ye | | | i |
| 24 | 25 | 29 | 30 | | | roperty Tax. | ∐ Yes | □No | 1 |
| | 9. Name and Address of Current | Registered Agent | | 04 | 10. Name and | Address of New Regist | ered Agent | | |
| COB | PORATION SERVICE COMPANY | | | 81 Name | | | | | |
| | HAYS STREET | | Ţ | 82 Street | Address (P.O. Box Nu | mber is Not Acceptable) | | | l |
| 1 | AHASSEE FL 32301-2525 | | ļ | | | | | | |
| IALL | WUNDOEE EF 25201-5252 | | | 83 | | | | | ĺ |
| | , . | | · | 84 City | | | FL 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statut | tes, the ab | ove-named | corporation submits th | is statement for the purpo | se of changing its | registered | |
| í office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with, and accept the obligat | of Florida. Such chande was a | lutnonzea | by the corp | oration's board of direc | tors. I hereby accept the | appointment as re | egistered | |
| ì | III laminar with, and accept the obligat | 10(10 0), 000(0), 001 (0000), 110 | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE | : Registered | Agent signature | equired when reinstating) | D/ | ATE | | a |
| 12. | OFFICERS AN | DIRECTORS | 13. | | ADDITIONS | CHANGES TO OFFICE | | | 1/92 |
| TITLE | D | ☐ DELETE | 1.1 TIT | E | | | Change | ☐ Addition | ξ. |
| NAME | wheeler, Joseph H | | 40.00 | | . | | | | { → |
| STREET ADDRESS | BOOT OFFICE BOY ALEAL | | 1.2 NA | ME | | • | | | 3 |
| CITY-ST-ZIP | POST OFFICE BOX 61531 | | | ME REET ADDRESS | | | | | FOR |
| LIII-SI-Zir | ST. PETERSBURG FL 33784-15 | 31 | 1.3 STI | | | · . | | | ROEUS |
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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, with all other like empowered.