02/25/00 13:12 Fl. Dept. of State pl FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED May 11, 2000 8:00 am FLORIDA DEPARTMENT OF STATE CORPORATION -Katherine Harris Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 05-11-2000 90278 014 ***150.00 1999 DOCUMENT # P980000 75 25 8 WHOLESALE WIRELESS, INC. 950387 Mailing Address Principal Place of Business 9978-9 BAYMEADOUS ROAD DO NOT WRITE IN THIS SPACE JACKSONVILLE, FC 32256 3. Date Incorporated or Qualifed Auges7 26,1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0873643 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5:00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year intengible Country 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRUCE PATTON - ROARK 82 , Street Address (P.O. Box Number is Not Acceptable) 9480 PRINCETON SQ MIND S. Apt. 2112. JACKSONVILLE, FG 32256 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. BRUCE PATTON - ROARK SIGNATURE Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change ☐ Addition. 1.1 TITLE PRESIDENT Till E BRUCE PATTON-ROARK NAME 1.2 NAME 4480 PRINCETON SA BUD 5. Apt. 2112 1.3 STREET ADDRESS STREET ADDRESS 32256 JACKSONVILLE, FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change VICE PRESIDENT DELETE TITLE 2.2 NAME NAME CHERYL & ROARK 1200 S. OCEAN DR PHZ STREET ADDRESS 2.3 STREET ADDRESS 32250 CITY-ST-ZIP JACKSONVILLE BEACH 2.4 CITY-ST-ZP Addition Change 3.1 TITLE TITLE STANGE TOAR NAME 3.Z NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY- ST-ZIP Change Addition ☐ DELETE VIII Sec 41 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS ACU (= 1 32250 44 CITY-ST-ZIP CITY-ST-ZIP DOELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-75 Change ☐ Addition DELETE 5.1 TITLE me 6.2 NAME NAME 6.3 STREET ADDRESS 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed SIGNATURE: Sec/Ina We did not recieve a form for the year Zsov.