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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$22983

(8)

CHARLOTTE COUNTY WHOLESALE, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

Filliopal Flac	ce of Business	Mailing Address							Eil Bibit (AB)
83900 BERMONT ROAD PUNTA GORDA FL 83982		33900 BERMONT ROAD PUNTA GORDA FL 33982-9509							
						3. Date Incorporated or Qualified 01/07/1991		e of Las 1/1996	Report
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0236901	Applied For Not Applicable			
Sulte, Apt.	. #, etc.	Suite, Apt #, etc.						\$8.7	5 Additional
22	,	27				5. Certificate of Status Desired			Required
City & Stat	te	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zipi	Country	Zip	<u> </u>	untry		8. This corporation has liability for i			rs. 199.032,
14 / / 1022/1-31	25 9, Name and Address of Curre	29 ent Registered Agent	30	1		Florida Statutes 10. Name and Address of New Rec	Yes L		
	KS, DAVID K	THE THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SER		81	Name	10, italio alla radiosa or itali itali	9101010017	gom	
	W MARION AVE								
	TE 205			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)		
OL: PUN	TA GORDA FL 33950			83	<u> </u>				
क्टॉ क्ये क्ये के क	* q			84	City			85 Z	ip Code
			1		,	oration submits this statement for the pion's board of directors. I hereby accep	FL		•
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	gent and fine if applicable ND DIRECTORS	(NOTE: Registere	d Agor	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECT	ORS IN 12
TITLE	PO	DELETE		ITLE		7.0011101010111111111111111111111111111		Chang	
NAME	GILL, ROBERT RONALD JR		1.2 N/	AME					
STREET ADDRESS	33900 BERMONT RD		1.3 \$1	TREE1.	ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL			ITY-ST	I - ZIP				
TITLE	SO MOLIATI MATE	L] DELETE	1				[Chang	je 🔲 Additi
NAME	GILL, MICHAEL JAMES 33900 BERMONT RD						_		
			22 N/		ľ				
			2.3 ST	TREET	ADDRESS				
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4. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 4.07 in a legal of the supplemental and address.

CICMATUDE.