FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S67898** **(4)**

1. Corporation Name
SHAMROCK WHOLESALE, INC.

Principal Place of Business
FIRST STREET
SATSUMA FL 32189

Mailing Address
FIRST STREET
SATSUMA FL 32189

3. Date Incorporated or Qualified: 07/18/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3079567 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HORTON, CURTIS F.
FIRST STREET
SATSUMA FL 32189

10. Name and Address of New Registered Agent

81 Name: POOLE, MICHAEL KIRK
82 Street Address (P.O. Box Number is Not Acceptable): FIRST STREET
83
84 City: SATSUMA FL 85 Zip Code: 32189

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 Michael Kirk Poole   Michael KIRK PoolE   4/29/96
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	HORTON, CURTIS F.	
STREET ADDRESS	10 THOMPSON ROAD	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	D	☒ DELETE
NAME	HORTON, MILDRED G.	
STREET ADDRESS	10 THOMPSON ROAD	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	P	☒ DELETE
NAME	GANDY, ROBERT L JR.	
STREET ADDRESS	107 GRENOLA ST.	
CITY-ST-ZIP	GREENWOOD SC	
TITLE	VST	☒ DELETE
NAME	GANDY, NANCY C	
STREET ADDRESS	107 GRENOLA STREET	
CITY-ST-ZIP	GREENWOOD SC	
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	PD	☒ Change ☐ Addition
1.2 NAME	POOLE, BRENDA H.	
1.3 STREET ADDRESS	107 GRENOLA ST.	
1.4 CITY-ST-ZIP	GREENWOOD SC 29649	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	POOLE, GARY M.	
2.3 STREET ADDRESS	107 GRENOLA ST.	
2.4 CITY-ST-ZIP	GREENWOOD SC 29649	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Brenda H. Poole   Brenda H. Poole, Pres.   (904)649-9615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)