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PROFIT CORPORATION ANNUAL REPORT 1999

FOR THE DEPARTMENT OF STATE
Kalamazoo, Michigan
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED

90 MAY 19 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 92783

1. Corporation Name

Wholesale Candy Distributors, Inc

Principal Place of Business

Mailing Address

210 University Dr. Suite 6158
Boca Raton, FL 33498

REINSTATEMENT 98-99 @
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-07-91

2. Principal Place of Business

2a. Mailing Address

21 210 University Dr.

26 210 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 502

27 # 502

City & State

City & State

23 Coral Springs

28 Coral Springs

Zip Country

Zip Country

24 33071 25 USA

29 33071 30 USA

4. FEI Number

65-0294066

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Tracy Buskirk
210 University Dr. Suite 6158
Boca Raton, FL 33498

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite # 502

84 City Coral Springs

85 FL

86 Zip Code 33071

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

Tracy Buskirk

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Tracy Buskirk
STREET ADDRESS 210 University Dr.
CITY-ST-ZIP Boca Raton, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME Tracy Buskirk
13 STREET ADDRESS 210 University Dr. 502
14 CITY-ST-ZIP Coral Springs, FL 33071

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

Tracy Buskirk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 954
346-7288

Date

Day Phone