

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06594 (8)
1. Corporation Name
MUTUAL WHOLESALE COMPANY

Principal Place of Business
**330 NORTH INGRAHAM
LAKELAND FL 33802-0330**

Mailing Address
**330 NORTH INGRAHAM
LAKELAND FL 33802-0330**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
04/26/1994

4. FEI Number
NOT APPLICABLE

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. The corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

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

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

25

30

9. Name and Address of Current Registered Agent

**BUCK, JOSEPH S
5324 WOODHAVEN LN
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when vesting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, O. HERMAN	1.2 NAME	
STREET ADDRESS	330 N INGRAHAM AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BUCK, JOSEPH S	2.2 NAME	
STREET ADDRESS	5324 WOODHAVEN LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, WILLIAM D JR	3.2 NAME	
STREET ADDRESS	5019 LAKE IN THE WOODS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, BARBARA L	4.2 NAME	
STREET ADDRESS	3325 CREWS LAKE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MASULEN, ANGEL S	5.2 NAME	
STREET ADDRESS	5023 SHADY LAKE LN	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

813-683-4373 653202