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PROFIT CORPORATION ANNUAL REPORT



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

1996	

DOCUMENT #

(8)

MUTUAL	WHOLESALE COMPAN	Υ					
Principal Place of E	Business	Mailing Address					
330 NORTH INGRAHAM 330 NORTH INGRAHAM		30					
LAKELAND FL 33	38U2-US3U			Date Incorporated or Qualified 01/01/1992	3a. Da	ate of Last Repo 05/01/1995	
				4. FEI Number			plied For
. Principal Place	of Business	2a. Mailing Address		NOT APPLICABLE			t Applicable
]		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, 6	etc.	├		5, Certificate of Status Dosited		Fee Re	·
		27 Ch. B. Ctata		6. Election Carripaign Financing		\$5.00	
City & State		Gity & State		Trust Fund Contribution		Added t	
]		28	Country	This corporation has liability for	r intangible	e tax under s. 1º	99.032,
Zip	Country	Zip	-	Fiorida Statutes Ye	es ∐,No		
1	25	29	30	10. Name and Address of New	Register	ed Agent	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10,			
LAKELANI	D FL 33813		84 City			85 Zip	Code
11. Pursuant to	the provisions of Sections 607.	0502 and 607.1508, Florida Statut Florida, Such change was authoridated Statute	tes, the above-named corporation's b	poration submits this statement for the poard of directors. I hereby accept the ap	purpose of ppointmen	changing its re it as registered a	gistered office agent. I am
Tarrilliar with	i, and accept the early		tes, the above-named corp zed by the corporation's b s.	poration submits this statement for the poord of directors. Thereby accept the appropriate the provider of the	purpose of ppointmen	changing its re it as registered :	
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14. If 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 1 further 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 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 certify that I am an officer or director of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offenged, or on an attachment with an address.

5.2 NAME

6 1 THILE

6.2 NAME

5 3 STREET ACCRESS

63 STREET ADDRESS

54 CITY ST-ZIE

SIGNATURE:

TD

MASULEN, ANGEL S

LAKELAND FL

5023 SHADY LAKE LN

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

h ae SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR MILLERY

DELETE

4-17-96 941-683-4373

Addition

Change