FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

KENNERIC WHOLESALE, INC.

Principal Place of Business	Mailing Address
8080 126 AVE N	PO BOX 17031
LARGO FL 24648 33773	CLEARWATER FL 94002 33762.
US	US

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

			**					,	orated or Qualified	3				
								03/06/19	<u>92</u>					
	pat Place of Business 2a. Mailing Address							, ,, . =	4, FEI Number				ed For	
21 26								<u>59-310</u>	9546				pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of	f Status Desired		\$8.7			
27										·		Requ		
City & State									mpaign Financing	-	\$5.0			
23			28		0			Trust Fund				ed to F		
Zip	├ ₁	untry	Zip		Count	try		This corporation owes or has paid the current year Intangible						
24	25 29 30							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
		diess di Culi	aur volusiere	Agent		нT	Name	10, Name and	AUGIESS OF NEW I	redistated	Mani			
	HUB, RICHARD	_			٦	``}	(4011)6						}	
	3 SEABREEZE D				8	82 Street Address (P.O. Box Number is Not Acceptable)								
GULFPORT FL 33707						3		<u>.</u>		·				
					۲									
					8	и	City			FI	85 Z	ip Co	de	
11, Pursuant to	o the provisions of	Sections 607.0	502 and 607.1	508, Florida Statut	es, the abo	-T	-named c	orporation submits thi	s statement for the	purpose o	f changin	a its r	egistered	
office or re agent. I an	egistered agent, or l in familiar with, and	ooth, in the Sta accept the obl	ite of Florida S ligations of, Sec	uch change was a ction 607.0505, Fl	authorized orida Statut	by les.	the corpo	ration's board of direc	ctors. I hereby acc	ept the app	ointment	as reç	gistered	
SIGNATURE	Stynature, typod or printed	name of registered	novel and title if app	icatile (NOT	E Registered	Agen	nt signature re	quired when reinstating)		DATE				
12.	Stynature, typed or profiled name of registered agent and title if applicable (NOTE Register OFFICERS AND DIRECTORS 1							ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECT	ORS	IN 12	
TITLE	D			DELETE	1.1 TITLE	Ē				<u>-</u>	Chang		Addition	
NAME	TREHUB, RICH	IARD			1.2 NAM	lE.	1						'	
STREET ADDRESS	2853 SEABRE				1.3 STRE	FFT A	ADDRESS							
CITY-ST-ZIP	GULFPORT FL				1.4 CITY									
TITLE				DELETE	2.1 TITLE						Chang	e T	Addition	
NAME					2.2 NAM		i					•		
STREET ADDRESS						_	ADDRESS							
CITY-ST-ZIP					2. 4 CITY		- 1							
TITLE				DELETE	3.1 TITLE	_	1.5				Chang	ie T	Addition	
NAME					3.2 NAM		!					•		
STREET ADDRESS							AD/DRESS						'	
CITY-ST-ZIP					3.4 CITY									
TITLE				DELETE	4.1 TiTL	_	1-211	***		·	Chang	ie [Addition	
NAME					4. 2 NAA	-	ł				0			
STREET ADDRESS							ADDRESS						,	
CITY-ST-ZIP					4.4 CITY									
TITLE				DELETE	5.1 TITL		-111		······································		Chang	1e T	Addition	
NAME					5.1 NAM									
STREET ADDRESS					•		ADDRESS							
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITU		-211				Chang	<u>. </u>	Addition	
NAME				L.J DELCIE			1				C Charl	,	nuonici	
1 1					6.2 NAM									
STREET ADDRESS					6.3 STRE	ET /	ADDRESS							

4. 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.

SIGNATURE: