

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004480

**FILED**  
**Jun 29, 2016**  
**Secretary of State**  
**CC4076101746**

**Entity Name:** QUALITY WHOLESale & SUPPLY, INC

**Current Principal Place of Business:**

12715 HWY 90, SUITE 160C  
LULING, LA 70070

**Current Mailing Address:**

PO BOX 677  
LULING, LA 70070 US

**FEI Number:** 72-1121643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
3030 N ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CP  
Name MONTI, ROBERT C  
Address 350 EVELYN DRIVE  
City-State-Zip: LULING LA 70070

Title VC  
Name MONTI, GARRETT C  
Address 350 EVELYN DRIVE  
City-State-Zip: LULING LA 70070

Title D  
Name LEBLANC, THOMAS  
Address PO BOX 611  
City-State-Zip: DES ALLEMANS LA 70130

Title S  
Name ROGERS, MARLIN  
Address 107 SHEILA CT  
City-State-Zip: LULING LA 70070

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARRETT MONTI**

**DIRECTOR**

**06/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date