

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004480

**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  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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                     | Title           | VC               |
| Name            | MONTI, ROBERT C        | Name            | MONTI, GARRETT C |
| Address         | 350 EVELYN DRIVE       | Address         | 350 EVELYN DRIVE |
| City-State-Zip: | LULING LA 70070        | City-State-Zip: | LULING LA 70070  |
|                 |                        |                 |                  |
| Title           | D                      | Title           | S                |
| Name            | LEBLANC, THOMAS        | Name            | ROGERS, MARLIN   |
| Address         | PO BOX 611             | Address         | 107 SHEILA CT    |
| City-State-Zip: | DES ALLEMANDS LA 70130 | 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****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date