

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 297102 (6)

1. Corporation Name
ST. JOHN'S BEVERAGE CO., INC.



Principal Place of Business Mailing Address
31 MCMILLAN ST ST AUGUSTINE FL 32095

3. Date Incorporated or Qualified **09/27/1965** 3a. Date of Last Report **05/01/1995**

| | | | |
|---|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1118923 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |
| g. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

**SCHIAVONE, EMIL R
31 MCMILLAN STREET
ST. AUGUSTINE FL 32084**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHIAVONE, EMIL R | 1.2 NAME | |
| STREET ADDRESS | 31 MCMILLAN STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTONUCCI, JOHN | 2.2 NAME | |
| STREET ADDRESS | 957 RAYDEN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | YOUNGSTOWN, OH 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHIAVONE, CARMINE J. | 3.2 NAME | |
| STREET ADDRESS | 31 MCMILLAN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, JEFFREY T. | 4.2 NAME | |
| STREET ADDRESS | 31 MCMILLAN ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODOM, MARY S. | 5.2 NAME | |
| STREET ADDRESS | 31 MCMILLAN STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Jeffrey T. Gardner **JEFFREY T. GARDNER** 2-28-96 (904) 829-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)