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

FILED Apr 15 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 297102 (6)ST. JOHN'S BEVERAGE CO., INC. Principal Place of Business Mailing Address 31 MCMILLAN ST 31 MCMILLAN ST ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1965 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1118923 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHIAVONE, EMIL R 31 MCMILLAN STREET 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change 1.1 TITLE TITLE SCHIAVONE, EMIL R CR2E034 NAME 1.2 NAME 31 MCMILLAN STREET STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL CITY-S!-7IP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ANTONUCCI, JOHN 2.2 NAME NAME 957 RAYDEN AVE STREET ADDRESS 2.3 STREET ADDRESS YOUNGSTOWN, OH 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE SCHIAVONE, CARMINE J. 3.2 NAME NAME 31 MCMILLAN STREET STREET ADDRESS 3.3 STREET ADDRESS ST. AUGUSTINE FL CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE GARDNER, JEFFREY T. 4 2 NAME NAME 31 MCMILLAN ST STREET ADDRESS 4.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE ODOM, MARY S. NAME 5.2 NAME 31 MCMILLAN STREET STREET ADDRESS **5.3 STREET ADDRESS** ST. AUGUSTINE FL CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE: ___

NAME

STREET ADDRESS

2-10-98

352-372-146**7**