

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90123 035 ***300.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **297102**

1. Corporation Name
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

4. FEI Number Applied For
59-1118923 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 1221 SE VEITCH ST 26 1221 SE VEITCH ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 GAINESVILLE, FL 28 GAINESVILLE, FL
 Zip Country Zip Country
24 32601 25 32601 29 32601 30

9. Name and Address of Current Registered Agent
SCHIAVONE, EMIL R
31 MCMILLAN STREET
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHIAVONE, EMIL R	
STREET ADDRESS	31 MCMILLAN STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANTONUCCI, JOHN	
STREET ADDRESS	957 RAYDEN AVE	
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIAVONE, CARMINE J.	
STREET ADDRESS	31 MCMILLAN STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARDNER, JEFFREY T.	
STREET ADDRESS	31 MCMILLAN ST	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODOM, MARY S.	
STREET ADDRESS	31 MCMILLAN STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE: _____ Date **4-21-99** Daytime Phone # **352-372-1407**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)