2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 17, 2001 8:00 am Secretary of State **DOCUMENT # 297102** 05-17-2001 91351 010 ***150.00 ST. JOHN'S BEVERAGE CO., INC. Mailing Address Principal Place of Business 1221 SE VEITCH ST 1221 SE VEITCH ST GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1118923 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHIAVONE, EMIL R Street Address (P.O. Box Number is Not Acceptable) 31 MCMILLAN STREET ST. AUGUSTINE FL 32084 Zip Code City FL 8. 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition TITI F ☐ Delete TITLE SCHIAVONE, EMIL R NAME NAME STREET ADDRESS STREET ADDRESS 31 MCMILLAN STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL Change | ☐ Addition ☐ Delete TITLE TITLE ANTONUCCI, JOHN NAME NAME 957 RAYDEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN, OH-00000-CITY-ST-ZIE Addition Change TITLE ☐ Delete TITLE SCHIAVONE, CARMINE J. NAME NAME 31 MCMILLAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Change ☐ Addition AS TITLE Delete TITLE GARDNER, JEFFREY T. NAME 31 MCMILLAN ST STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete ODOM, MARY S. NAME STREET ADDRESS 31 MCMILLAN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if

GARDNER 4/26/01 (352) 372-1407