2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 304247

MILTON FL

DOCUMENT # 304247 1. Entity Name GOLDEN GIN & WAREHOUSE, INC.					FILED May 09, 2000 8:00 am Secretary of State 05-09-2000 90098 027 ***150.00				
Principal Place of Business		Mailing Address	Mailing Address						
COMMERCE STREET JAY FL 32565				98. V					
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			OO NOT WRITE IN THIS	SPACE		
City & State		City & State			4. FEI Number	9-1117604	_ 	plied For t Applicable	}
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent			7. Name and Addre	ess of New Registered	Agent		
				Name					
GOLDEN, J E COMMERCE ST				Street Address (ddress (P.O. Box Number is Not Acceptable)				
JAY	FL 32565			City	 	FL	Zip Code		
SIGNATURE	named entity submits this statement Signature, typed or printed name of registered ago pration is eligible to satisfy its Intangia requirement and elects to do so. The opening of the control of the	D M ent and bitle if applicable. (NO ble FILE NOW After MAY 1, 2	Golde TE: Registered A VIII FEE IS	en, Vice gent signature required 3 \$150.00 ill be \$550.00	President when reinstating) 10. Election (Trust Fun	4-24-2000 DATE Campaign Financing	Added	O May Be to Fees	
TITLE	D	Delete	TITLE		ADDITIONS/OFFAI	azo to orthograpia	☐ Change	Addition	୍ଥି ଚୁ
NAME STREET ADDRESS CITY-ST-ZIP	GOLDEN,J E ROUTE 1 JAY FL	. Delete	NAME	ADDRESS			Onlings	_	(2E034 (9/99)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL,DORIS G ROUTE 1 JAY FL	☐ Celete	, TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP			□ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDEN,D.M. RT 1 JAY FL	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS ('			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT,ELIZABETH LAKESHORE DR MILTON FL	☐ Delete	TITLE NAME STREET /	ADDRESS (-ZIP			☐ Change	Addition	

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

850 675 4159 DM Golden, Vice President SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #