

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90008 021 ***150.00

DOCUMENT # 304247

1. Entity Name
GOLDEN GIN & WAREHOUSE, INC.

Principal Place of Business
COMMERCE STREET
JAY FL 32565

Mailing Address
COMMERCE STREET
JAY FL 32565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1117604		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GOLDEN, J E COMMERCE ST JAY FL 32565				Name D M Golden			
				Street Address (P.O. Box Number is Not Acceptable) 400 Commerce St			
				City, State, Zip Jay, Fl 32565			
				City FL Zip Code			

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 *D.M. Golden* **D.M. Golden, President** **2-12-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, J E ROUTE 1 JAY FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D M Golden 400 Commerce St Jay Fla 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, RUTH M ROUTE 1 JAY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ruth M Golden 6489 Dixonville Rd Jay, Fla 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, DORIS G ROUTE 1 JAY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Doris G Marshall 400-Commerce St Jay, Fl 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFE, JEAN G RT 1 JAY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Jean G Wolfe 400 Commerce St Jay, Fl 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDEN, D.M. RT 1 JAY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Above	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, ELIZABETH LAKESHORE DR MILTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Elizabeth G Scott Lakeside Dr Milton, Fl 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title

13. 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 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.

SIGNATURE: *Jean G Wolfe* **2-14-01** **850 675 4159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #

CR2E034 (10/00)