

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90062 048 ***150.00

0931123 AT

DOCUMENT # 304247

1. Entity Name
GOLDEN GIN & WAREHOUSE, INC.



Principal Place of Business
**400 COMMERCE STREET
JAY FL 32565**

Mailing Address
**POST OFFICE BOX 325
JAY FL 32565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1117604**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDEN, D M
400 COMMERCE ST
JAY FL 32565**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDEN, RUTH M	
STREET ADDRESS	6489 DIXONVILLE RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARSHALL, DORIS G	
STREET ADDRESS	400 COMMERCE ST	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WOLFE, JEAN G	
STREET ADDRESS	400 COMMERCE ST	
CITY-ST-ZIP	JAY FL 32565	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDEN, D.M.	
STREET ADDRESS	400 COMMERCE ST	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, ELIZABETH	
STREET ADDRESS	LAKESHORE DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DAVID J. LAUREN** Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1-14-03** Daytime Phone #: **850-675-4159**

CR2E034 (10/02)