

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **354576** (1)

1. Corporation Name  
**CASTLETON BEVERAGE CORPORATION**



Principal Place of Business: **12200 N. MAIN AND I 295 JACKSONVILLE FL 32218**  
Mailing Address: **P. O. BOX 26368 JACKSONVILLE FL 32226 US**

3. Date Incorporated or Qualified: **10/29/1969**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1295645</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	Zip	Country
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAUTHEN, CHARLES</b>	1.2 NAME	<b>SUAREZ, OSCAR</b>
STREET ADDRESS	<b>2460 ELBOW ROAD</b>	1.3 STREET ADDRESS	<b>A-9 ACROPOLIS</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	1.4 CITY-ST-ZIP	<b>GUAYNABO, PUERTO RICO 00969</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOPEZ, FELIPE</b>	2.2 NAME	<b>CRIADO, ANTONIO I.</b>
STREET ADDRESS	<b>6311 WHISPERING OAKS DRIVE W</b>	2.3 STREET ADDRESS	<b>7925 MERRILL ROAD, APT. 211</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32211</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DE, TORRES P</b>	3.2 NAME	<b>FAULKNER, WALTER T.</b>
STREET ADDRESS	<b>1229 ANDORA AVENUE</b>	3.3 STREET ADDRESS	<b>64 WOODBINE AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>LARCHMONT, NEW YORK</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE, HECHAVARRIA L</b>	4.2 NAME	<b>DEHECHAVARRIA, LUIS</b>
STREET ADDRESS	<b>DE HECHAVARRIA, LUIS</b>	4.3 STREET ADDRESS	<b>8087 SUMMIT RIDGE LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORION, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>7922 HUNTERS GROVE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELVAL, MARIO S</b>	6.2 NAME	
STREET ADDRESS	<b>LLORENS TORRES 399</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HATO REY PR</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: G. Charles Cauthen / G. Charles Cauthen 4-2-96 (904) 757-1290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)