

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR 13 PH 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52709** (7)

1. Corporation Name
A-1 BEVERAGE SERVICE, INC.

Principal Place of Business

Mailing Address

% WALTER SANDERS
5121 EHRlich RD., SUITE 107B
TAMPA FL 33624

% WALTER SANDERS
5121 EHRlich RD., SUITE 107B
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 4509 WEST KENTUCKY AVE
Suite, Apt. #, etc.

26 % WALTER SANDERS
Suite, Apt. #, etc.

22
City & State
Tampa, FL

27 13910 N DALE MABRY SUITE 1
City & State
TAMPA FL

23
Zip Country
33614 US

28
Zip Country
33618 US

24

29

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2996434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, WALTER
5121 EHRlich RD., SUITE 107B
TAMPA FL 33624

81 Name

SANDERS WALTER

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

13910 NORTH DALE MABRY HWY

83

SUITE ONE

84 City

TAMPA

FL

85 Zip Code
33618

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 *Walter Sanders*

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when transferring

3/21/95
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, CARL
STREET ADDRESS 6015 W PARIS
CITY - ST - ZIP TAMPA FL

TITLE D
NAME JONES, BETTY
STREET ADDRESS 6015 W. PARIS
CITY - ST - ZIP TAMPA FL

TITLE D
NAME JONES, MARK
STREET ADDRESS 6015 W. PARIS
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS 4509 W KENTUCKY AVE
14 CITY - ST - ZIP TAMPA, FL 33614

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS 4509 W KENTUCKY AVE
24 CITY - ST - ZIP TAMPA, FL 33614

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS 4509 W KENTUCKY AVE
34 CITY - ST - ZIP TAMPA FL 33614

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS 300001456743
44 CITY - ST - ZIP -04/14/95--01057--018
****200.00 ****200.00

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Carl Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL JONES 03-01-95 813-876-7737

DATE (Typed Name)