PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030543

1. Corporation Name

ST. JOHNS BEVERAGE COMPANY OF GAINESVILLE, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90123 035 ***300.00



rinicipal riac	e or business	Mailing Address			
2225 N.W. 66TI GAINESVILLE F		2225 N.W. 66TH COURT GAINESVILLE FL 32653		DO NOT WRITE IN THIS S	DACE
					FACE
				3. Date Incorporated or Qualifed	
				03/31/1998	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	SE VEITCH ST		GITCH ST	59-3506597	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 GA.N	ESVILLE, FL	28 GAINESVILLE	L.FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip C	Country	8. This corporation owes the current year Intar	gible
24 321	A C \ 25	29 32601 30		Personal Property Tax.]Yes ☐No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered A	gent
			81 Name		
SCH	IIAVONE, EMIL R		00 0	(D.O. D. N. shoris Net Assessed	
2225 N.W. 66TH COURT			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
GAII	NESVILLE FL 32653		83		
					, ,
			84 City	FL	85 Zip Code
				poration submits this statement for the purpose of cl	l l l l l l l l l l l l l l l l l l l
office or I	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was authori	zed by the corporate	on's board of directors. I hereby accept the appoint	ment as registered
SIGNATURE	Signature, typed or printed name of registered agent		ered Agent signature require		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	DELETE 1.	.1 TITLE		Change Addition
NAME	SCHIAVONE, EMIL R	1.	2 NAME		
STREET ADDRESS	2225 N.W. 66TH COURT	1.	3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653	1.	.4 CITY- ST-ZIP		
TITLE		☐ DELETE 2.	.1 TITLE		☐ Change ☐ Addition
NAME		2	2 NAME		i
STREET ADDRESS			3 STREET ADDRESS		
			4 City-St-ZiP		
CITY-ST-ZIP			1 TITLE		Change Addition
TITLE			2 NAME		
NAME	ĺ				
STREET ADDRESS	1		.3 STREET ADDRESS		
CITY-ST-ZIP			.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		_	.1 TITLE		☐ Change ☐ Addition
NAME	1	4	, 2 NAME		\
STREET ADDRESS	;	4	3 STREET ADDRESS		
CITY-ST-ZIP			.4 CITY-ST-ZIP		
TITLE		☐ DELETE 5.	1 TITLE		Change Addition
NAME		5.	.2 NAME		
STREET ADDRESS					l l
City-ST-ZIP		5.	3 STREET ADDRESS		
UIT-31-ZIP		1	3 STREET ADORESS		
TODE		5	j ,		☐ Change ☐ Addition
TITLE		DELETE 6	.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME		DELETE 6	.4 CITY-ST-ZIP .1 TITLE .2 NAME		☐ Change ☐ Addition
		DELETE 6	.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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 of the receiver or trustee ampowered 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 with all other like empowered.