

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

6/1/95 - 1 11 5:37

DOCUMENT # H66639

(6)

1. Corporation Name

RALPH'S SAN ANN LIQUORS, INC.

Principal Place of Business

Mailing Address

32625 SR 52
P O BOX 16
SAN ANTONIO FL 33576
US

32625 SR 52
P O BOX 16
SAN ANTONIO FL 33576
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1985

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2663049

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 corporate tax under S 1361(b)(3)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMNER, ROBERT D.
106 S SIXTH ST
DADE CITY FL 33525**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.002 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 607.0035, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent for Service of Process)

(Signature of Registered Agent or Designated Agent for Service of Process)

(Signature of Registered Agent or Designated Agent for Service of Process)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	DP JONES, JAMES R.
12.2 STREET ADDRESS	609 LOUIS AVE, BOX 16
12.3 CITY, ST, ZIP	SAN ANTONIO FL
12.4 NAME	S WATSON, SALLY M.
12.5 STREET ADDRESS	1105 S 11TH ST
12.6 CITY, ST, ZIP	DADE CITY FL
12.7 NAME	O LAUKAT, JENNIFER
12.8 STREET ADDRESS	BOX 731-32553 MICHIGAN AVE
12.9 CITY, ST, ZIP	SAN ANTONIO FL
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13.1 NAME	DP JONES, JAMES R.	Change ☐ Addition ☐
13.2 STREET ADDRESS	36225 S.R. 52 BOX 16	
13.3 CITY, ST, ZIP	SAN ANTONIO, FLA 33576	
13.4 NAME	SI LAUKAT, JENNIFER	Change ☐ Addition ☐
13.5 STREET ADDRESS	BOX 731 - 32553 MICHIGAN AVE	
13.6 CITY, ST, ZIP	SAN ANTONIO, FLA 33576	
13.7 NAME		Change ☐ Addition ☐
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		Change ☐ Addition ☐
13.10 NAME		
13.11 STREET ADDRESS		Change ☐ Addition ☐
13.12 CITY, ST, ZIP		
13.13 NAME		Change ☐ Addition ☐
13.14 STREET ADDRESS		
13.15 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. JONES

6/1/95 - 904.588-2277