FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:35

DOCUMENT # **176774** **(8)**

1. Corporation Name
WEEKES & CALLAWAY, INC.

Principal Place of Business	Mailing Address
777 E. ATLANTIC AVENUE #300 P.O. BOX 1460 DELRAY BEACH FL 33483 US	777 E. ATLANTIC AVE #300 P.O. BOX 1460 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/02/1954**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt #, etc (22) | Suite, Apt #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-0714699** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEEKES, LEON
777 E ATLANTIC AVE #300
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	CALLAWAY, J. MICHAEL	12 NAME	
STREET ADDRESS	777 E. ATLANTIC AVE #300	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL 00000	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	WEEKES, LEON M	22 NAME	
STREET ADDRESS	777 E ATLANTIC AVE #300	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH, FL 00000	24 CITY ST ZIP	
TITLE	PSD	31 TITLE	☐ Change ☐ Addition
NAME	WEEKES, LEON A	32 NAME	
STREET ADDRESS	777 E ATLANTIC AVE #300	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 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 changed, or on an attachment with an address.

SIGNATURE: _____ 5/31/95 (407)278-0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP

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DIVISION OF CORPORATIONS

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DOCUMENT # 183477 (9)

1. Corporation Name
GOOD'S LIQUORS, INC.

Principal Place of Business	Mailing Address
800 NORTH OCEAN DRIVE YAZIER & HACKER, P.A. HOLLYWOOD FL 33019	800 NORTH OCEAN DRIVE YAZIER & HACKER, P.A. HOLLYWOOD FL 33019

2. Principal Place of Business	2a. Mailing Address
3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020	3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 02/18/1955
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-0735222 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILYARD, HENRY
1702 S. 22ND AVE.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: GILYARD, HENRY
82 Street Address (P.O. Box Number is Not Acceptable): 2324 MAYO ST
83
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GILYARD,HENRY	1.2 NAME	GILYARD, HENRY
STREET ADDRESS	1702 S. 22ND AVE.	1.3 STREET ADDRESS	2324 MAYO ST
CITY ST ZIP	HOLLYWOOD FL	1.4 CITY ST ZIP	HOLLYWOOD, FL 33020
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SAWYER, VERNITA D	2.2 NAME	
STREET ADDRESS	2324 MAYO ST	2.3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: Henry Gilyard 5/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E104 CP