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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **162281** **(0)**

1. Corporation Name
ABC LIQUORS, INC.

Principal Place of Business	Mailing Address
8989 SO. ORANGE AVENUE **P.O. BOX 13688** **ORLANDO FL 32824-7804**	**8989 SO. ORANGE AVENUE** **P.O. BOX 13688** **ORLANDO FL 32824-7804**

3. Date Incorporated or Qualified: **07/14/1950**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business	2a. Mailing Address
21 8989 S. ORANGE AVE.	26 8989 S. ORANGE AVE.
Suite, Apt. #, etc. 22 P.O. BOX 593688	Suite, Apt. #, etc. 27 P.O. BOX 593688
City & State 23 ORLANDO, FL 32859-3688	City & State 28 ORLANDO, FL 32859-3688
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-0686670** ☐ 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	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. **1201 HAYS STREET** **TALLAHASSEE FL 32301**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**VSTD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**WIGMORE, M. L.**		1.2 NAME	
STREET ADDRESS	**4448 TIDEWATER DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**ORLANDO FL**		1.4 CITY-ST-ZIP	
TITLE	**PD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**BAILES, C.E., III**		2.2 NAME	
STREET ADDRESS	**1164 OVERBROOK DR.**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**ORLANDO FL**		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: [signature] 1-21-97 (407)851-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARC L. WIGMORE

0094397