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

APPROVED AND FILED
95 MAY -1 AM 11:12
TALLAHASSEE, FLORIDA

DOCUMENT # **192048** **(7)**

1. Corporate Name
STATE LIQUORS OF CLEARWATER, INC.

Principal Place of Business
1219 CLEVELAND ST
CLEARWATER FL 34615
US

Mailing Address
407 S LAKE DRIVE
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1956
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-0766437 — 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 authority to transact business in Florida but is subject to the provisions of Section 607.0501, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WOODS, RITA
407 S LAKE DR
CLEARWATER FL 34615

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 (Typed or Printed Name of Registered Agent) (Date) (Registered Agent Signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	☐ Change ☐ Addition
NAME	WOODS, RITA MARIE	1.2 NAME	
STREET ADDRESS	407 S LAKE DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER, FL 33515	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	S ☐ Change ☐ Addition
NAME	HUNTER, JANET E	2.2 NAME	WALKER, JANET E.
STREET ADDRESS	400 YELVINGTON AVE	2.3 STREET ADDRESS	400 YELVINGTON AVE
CITY, ST, ZIP	CLEARWATER FL	2.4 CITY, ST, ZIP	CLW. FL. 34615
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ORSELLO, JULIE A.	3.2 NAME	
STREET ADDRESS	404 YELVINGTON AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	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 contained in the 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 the 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 addition.

SIGNATURE: Rita M. Woods, RITA M. Woods — 4/25/95 — 813-442-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0395417 CP