

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

APPROVED
AND
FILED

MAY 10 2 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INFORMATION
AND REPORT
1995



DEPARTMENT OF STATE
CORPORATION
AND PARTNERSHIP
REGISTRATION
SECTION

DOCUMENT # 223846

(7)

FOY'S LIQUORS, INC.

3. Date of Incorporation or Organization 05/18/1959		3a. Date of Last Report 04/08/1994	
4. Filing Number 59-0867466		Approved 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 § 199.01, Florida Statutes. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent JORDAN, JOSEPH, P.A. 1551 FORUM PLACE, SUITE 500E WEST PALM BEACH FL 33401			
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 197.01, 197.02, and 197.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as provided for in the State of Florida. Said change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, in accordance with the provisions of Sections 197.01, 197.02, and 197.03, Florida Statutes.			
SIGNATURE By the duly authorized officer, president or director of corporation By the duly authorized officer, registered agent, or attorney By the Secretary of State			
12. OFFICERS AND DIRECTORS NAME PD YOUNG, CLYDE 4368 N.W. 17TH AVE. MIAMI FL 33142		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition NAME STREET ADDRESS CITY STATE ZIP ☐ Change ☐ Addition	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is equally for the filing as stated in Sections 197.01, 197.02, and 197.03, Florida Statutes. I further certify that the information indicated on this notice 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 registered agent of the corporation and I am not an employee of the corporation. I hereby certify that the information supplied on this notice report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>Clyde Young, Clyde YOUNG</i> President 5/1/95 (305) 633-0213 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICE OR DIRECTOR			