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 APR -4 AM 10:31

DOCUMENT # **264029** **(0)**

1. Corporation Name
SCHENCK BEVERAGE, INC.

Principal Place of Business	Mailing Address
5440 SCHENCK AVE ROCKLEDGE FL 32955	5440 SCHENCK AVE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1962**
3a. Date of Last Report: **02/25/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-0980798** ☐ 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

SCHENCK, JAY G M
5440 SCHENCK AVE
ROCKLEDGE FL 32955

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: X _____ _____ 3-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SCHENCK JR,LUTHER VIRGIL	12 NAME		
STREET ADDRESS	5440 SCHENCK AVE	13 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE	VDST	☒ Change ☐ Addition
NAME	SCHENCK, JEFFERY C.	22 NAME		
STREET ADDRESS	4161 JOHN YOUNG PARKWAY	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SCHENCK, JAY G.M.	32 NAME		
STREET ADDRESS	5440 SCHENCK AVE	33 STREET ADDRESS		
CITY ST ZIP	ROCKLEDGE FL	34 CITY ST ZIP		
TITLE	ASTD	41 TITLE		☐ Change ☐ Addition
NAME	SCHENCK, JAY E.	42 NAME		
STREET ADDRESS	4161 JOHN YOUNG PARKWAY	43 STREET ADDRESS		
CITY-ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DOMINICK, JULIAN K.	52 NAME		
STREET ADDRESS	4161 JOHN YOUNG PARKWAY	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY-ST ZIP		
TITLE	~~CT~~	61 TITLE	V L. Virgil Schenck, IV	☐ Change ☒ Addition
NAME	~~SCHENCK, JEFFERY C.~~	62 NAME		
STREET ADDRESS	4161 JOHN YOUNG PARKWAY	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	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 if changed or added by an attachment with an address.

SIGNATURE: X _____ 3-31-95 407 636 7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070853 CP