

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 264029 (0)

1. Corporation Name

SCHENCK BEVERAGE, INC.



Principal Place of Business

5440 SCHENCK AVE
ROCKLEDGE FL 32955

Mailing Address

5440 SCHENCK AVE
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified
11/01/1962

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0980798

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

SCHENCK, JAY G M
5440 SCHENCK AVE
ROCKLEDGE FL 32955

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME SCHENCK JR, LUTHER VIRGIL
STREET ADDRESS 5440 SCHENCK AVE
CITY- ST- ZIP ROCKLEDGE FL

TITLE VDS ☐ DELETE
NAME SCHENCK, JEFFERY C.
STREET ADDRESS 4161 JOHN YOUNG PARKWAY
CITY- ST- ZIP ORLANDO FL

TITLE PD ☐ DELETE
NAME SCHENCK, JAY G.M.
STREET ADDRESS 5440 SCHENCK AVE
CITY- ST- ZIP ROCKLEDGE FL

TITLE ASTD ☐ DELETE
NAME SCHENCK, JAY E.
STREET ADDRESS 4161 JOHN YOUNG PARKWAY
CITY- ST- ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME DOMINICK, JULIAN K.
STREET ADDRESS 4161 JOHN YOUNG PARKWAY
CITY- ST- ZIP ORLANDO FL

TITLE V ☐ DELETE
NAME SCHNECK, IV L VIRGIL
STREET ADDRESS 4161 JOHN YOUNG PARKWAY
CITY- ST- ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

4-10-96 4076367826
Date Daytime Phone #

CR2E034 (12/95)