

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90123 035 \*\*\*300.00

DOCUMENT # 297102

1. Corporation Name

ST. JOHN'S BEVERAGE CO., INC.



Principal Place of Business

31 MCMILLAN ST  
ST AUGUSTINE FL 32095

Mailing Address

31 MCMILLAN ST  
ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1965

4. FEI Number

59-1118923

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1221 SE VEITCH ST

Suite, Apt. #, etc.

22

City & State

23 GAINESVILLE, FL

Zip

24 32601

Country

2a. Mailing Address

26 1221 SE VEITCH ST

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FL

Zip

29 32601

Country

30

9. Name and Address of Current Registered Agent

SCHIAVONE, EMIL R  
31 MCMILLAN STREET  
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SCHIAVONE, EMIL R  
STREET ADDRESS 31 MCMILLAN STREET  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE V ☐ DELETE

NAME ANTONUCCI, JOHN  
STREET ADDRESS 957 RAYDEN AVE  
CITY-ST-ZIP YOUNGSTOWN, OH 00000

TITLE D ☐ DELETE

NAME SCHIAVONE, CARMINE J.  
STREET ADDRESS 31 MCMILLAN STREET  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE AS ☐ DELETE

NAME GARDNER, JEFFREY T.  
STREET ADDRESS 31 MCMILLAN ST  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME ODOM, MARY S.  
STREET ADDRESS 31 MCMILLAN STREET  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)