

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 31 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306646

(1)

1. Corporation Name

ANTHONY'S LIQUORS, INC

Principal Place of Business

2745 SOUTH DELANEY
ORLANDO FL 32806

Mailing Address

2745 SOUTH DELANEY
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1966

3a. Date of Last Report

06/10/1994

4. FEI Number

59-1146919

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

3041 Westchester Ave

Orlando, FL

32803

USA

9. Name and Address of Current Registered Agent

MURRELL JR, SAM E
1 NO ROSALIND AVE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name

DENNIS E. FRANKLIN

82 Street Address (P.O. Box Number is Not Acceptable)

8033 WINDOVER WAY

83

84 City

Titusville

FL

85 Zip Code

32780

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

Dennis E. Franklin

DENNIS E. FRANKLIN

7/25/95

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
MURRELL JR, SAM E
1 N. ROSALIND
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MURRELL, M.L.
1 N. ROSALIND
ORLANDO FL 3041 Westchester Ave
Orlando, FL 32803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

VPD
MURRELL, SARAH E.
3041 Westchester Ave
Orlando, FL 32803

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

Murcell L. Murcell

Signature and typed or printed name of signing officer or director

MURCELL L. MURRELL

7/25/95

(407) 898-6703

Signature Press 8