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 # 333296 (2)

1. Corporation Name

SAN JUAN LIQUORS, INC.

Principal Place of Business	Mailing Address
~~1437 SAN MARCO BLVD~~ JACKSONVILLE FL 32207	~~1437 SAN MARCO BLVD~~ JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **08/01/1968**
3a. Date of Last Report: **03/24/1995**

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

2a. Mailing Address
26 5929 POWERS AVE
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE FL
29 Zip: 32217
30 Country: DUVAL

4. FEI Number: **59-1218603** ☐ 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

PAUL, SUZANNE, M
~~1437 SAN MARCO BLVD.~~
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5929 POWERS AVE
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32217

11. Pursuant to the provisions of Section 607.0502 and 607.1538, 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable — the CR Registered Agent signature requires wet ink (not facsimile)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☐ DELETE	11 TITLE	VPS	☒ Change ☐ Addition
NAME	PAUL, SUZANNE, M		12 NAME	PAUL, SUZANNE M	
STREET ADDRESS	~~1437 SAN MARCO BLVD.~~		13 STREET ADDRESS	5929 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207		14 CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	PT	☐ DELETE	21 TITLE	PT	☒ Change ☐ Addition
NAME	PAUL, JUDY, C		22 NAME	PAUL, JUDY C	
STREET ADDRESS	~~1437 SAN MARCO BLVD~~		23 STREET ADDRESS	5929 POWERS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207		24 CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address.

SIGNATURE: _____ MAY 13 '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
SUZANNE M PAUL

CR2E034 (12/95)