rilt	E NOW: FILING FEE	AFTER MAY 1ST	IS \$550.00	FI	LED	
	PROFIT RPORATION		ARTMENT OF STATE	Apr 28 1	998 8·0)0an
	JAL REPORT	A 14 13 1	B. Mortham ary of State	_		
	<u>1998</u>	DIVISION OF	CORPORATIONS	Secreta	ry of SI	late
	MENT # 34222	25 (0)				
	DA LIQUORS, INC.					
	a of Business	Mailing Address		! 100100 (FILF &IULE) #10 #(010 (L FO 1 Of	LE UTATI UTATI UTATI UTATI	II WYWI I IFFI
MAINE ST > BOX 97		N MAINE ST PO BOX 97				
DTTONDALE	E FL 32431	COTTONDALE FL 32431		3. Date Incorporated or Qualified	IN THIS SPACE	
Princinal P	lace of Business	2a. Mailing Address		02/27/1969 4. FEI Number		oplied For
		26		59-1258873		ot Applicable
Suile, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & Stati	θ	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country 25	Zip 29	Country 30	 This corporation owes or has pa Personal Property Tax due June 		angible] No
14/4	9. Name and Address of Cur RD.ALLEN E	rrent Registered Agent	B1 Name	10. Name and Address of New Re	gistered Agent	· · · ·
) W THOMAS ST			dress (P.O. Box Number is Not Acceptat		
	TTONDALE FL		83			
				•		
Pursuant	to the numbrisions of Sachins 607 (0502 and 602/508 Florida Stati	84 City	noration submits this statement for the r	FLIT	
	to the provisions of Sections 607.0 egistered agent, or both, in the St m tohing with end acception of	0502 and 607 1508, Florida Stati late of Florida. Sych change was aligations of Soction 607.0505, F	84 City	poration submits this statement for the p ation's board of directors. I hereby accep	FLIT	
Pursuant I office or r agent. I e NATURE -	Sunety, poer of plented name of registered	d agunt and min il applicable (NC	84 City utes, the above-named cor authorized by the corpora forida Statutes.	uired when reinstating)	PL	s registered registered
	Sume A. by Series particle name of registered OFFICE RS	and -	84 City utes, the above-named cor authorized by the corpora lorida Statutes.	•	PL	s registered registered IS IN 12
NATURE -	Sume A. by Series particle name of registered OFFICE RS. PD WARD, ALLEN E	d agent and the H applicable (NC AND DIRE CTORS	B4 City Ites, the above-named cor authorized by the corpora Iorida Statutes. 11: Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE DATE CERS AND DIRECTOR	s registered registered IS IN 12
	Sume A. by Series particle name of registered OFFICE RS	d agent and the H applicable (NC AND DIRE CTORS	B4 City Ites, the above-named cor authorized by the corpora Iorida Statutes. If Registered Agent signature requ 13. 1.1 TITLE	uired when reinstating)	DATE DATE CERS AND DIRECTOR	s registered registered IS IN 12
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