

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:37

DOCUMENT # 475775

(3)

1. Corporation Name

V & S LIQUORS, INC.

Principal Place of Business

Mailing Address

**9002 N. FLORIDA AVE.
TAMPA FL 33604**

**9002 N. FLORIDA AVE.
TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/15/1975

04/18/1994

4. FEI Number

Applied For

59-1614816

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUTO,VINCENT DENNIS
2307 CYPRESS
TAMPA FL 33609**

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 of agent.

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

(SEE INSTRUCTIONS)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PSD
MUTO,VINCENT DENNIS
2307 CYPRESS STREET
TAMPA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY- ST- ZIP

☐ Change ☐ Addition

SIGNATURE:

Vincent Muto
Vincent Muto

1-12-95

813-931-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number