

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 541319 (0)

1. Corporation Name
STEPHENSON'S DISCOUNT LIQUORS, INC.

Principal Place of Business

75 E. INDIANTOWN ROAD
CONCOURSE PLAZA
JUPITER FL 33477

Mailing Address

75 E. INDIANTOWN ROAD
CONCOURSE PLAZA
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1977

4. FEI Number

59-1755682

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

BRACKEN, JEANNE M.
2039 S.E. MADISON STREET
STUART FL 33497

10. Name and Address of New Registered Agent

81 Name

BRACKEN, M. JEANNE

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

4143 SE OAKLAND ST.

83

84 City

STUART

FL

85 Zip Code

34997

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

M. Jeanne Bracken
Signature typed and printed name of registered agent and fee, if applicable

M. JEANNE BRACKEN
(NOTE: Registered Agent signature required when reinstating)

4/20/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRACKEN, JEANNE M.	
STREET ADDRESS	2039 S.E. MADISON STREET	
CITY - ST - ZIP	STUART, FL 0	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HELMS, THYRA E.	
STREET ADDRESS	3063 SE BANYAN ST.	
CITY - ST - ZIP	STUART FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRACKEN, M. JEANNE	
1.3 STREET ADDRESS	4143 SE OAKLAND ST.	
1.4 CITY - ST - ZIP	STUART, FL 34997	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *M. Jeanne Bracken* M. JEANNE BRACKEN 4/20/98 (561) 746-4060

CR2E034 (10/97)