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

F52719

NELSON'S LOUNGE AND DISCOUNT PACKAGE STORE INC.

NELOO	NO COONAL AND DISCO	ON TAORNAL STOR	L, 1140.		
Principal Place	of Business	Mailing Address			I SOUL GOBSY BYOLK BESKY BYON BYON BYON OVERY 1001
2526 GULF BEACH HIGHWAY PENSACOLA FL 32507		2526 GULF BEACH HIGHWAY PENSACOLA FL 32507			
				3. Date incorporated or Qualified 11/05/1981	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	and a second of the second of	Suite Ast these		59-2137813	Not Applicable
22	, 6 10.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for a Florida Statutes Yes	
	9. Name and Address of Currer		[]	10. Name and Address of New R	-
			81 Name		
WILBOR	N, KATHERINE X., C.P.A., P.A.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
6012 TIP					
PENSAC	OLA FL 32504		83		
			84 City		B5 Zip Code
11 Pursuant to	the provisions of Sections 607 0500	2 and 607 1508. Florida Staluto	the above pamed cores	ration submits this statement for the pur	PL registered office
or registere	d agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authorize	d by the corporation's boa	ird of directors. Thereby accept the appo	entment as registered agent. I am
SIGNATURE					
12.	igrative tylektor printet name of registeris agest OFFICERS AN	D DIRECTORS	E. Riigisterert Agent signafüre require 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TOTLE	P	DELETE	1 1 10 LE	ADDITIONAL OF ANALYS TO CITY	Change Addition
NAME	NELSON, JERRY		1.2 NAME		<u> </u>
STREET ADDRESS	3515 BROOKSHIRE DR.		1.3 STREET ADDRESS		
CHTY - ST - ZIP	PENSACOLA FL		1.4.C(1Y-ST-7/P		
TITLE	V	☐ DELETE	2 1 TITLE		Change Addition
NAME	NELSON, CLAUDIA		2.2 NAM!		
STREET ADDRESS	3515 BROOKSHIRE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	Doruge	2 4 C-TY - ST - 7iF		
THILE		DELETE	3 1 THEF		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CHY - ST - ZIP			34 City ST-ZIP		
THILE		DELFIE	4 1 T.TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STHEET ADDRESS		
CHTY - ST - ZIP			4.4 CiTY - ST - 7IP		
TITLE		DELETE	5 1 T ILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		FI DELETE	5 4 CHY-ST ZIP		
TITLE		☐ DELETE	6 1 T. ILE		Change C Addition
NAME DEGLET ADDRESS			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CHY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily furni	64 City - ST- ZIP shed and does not qualify f	for the exemption stated in Section 119.	07(3)(k), 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 attackine hybrid annual resport 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 attackine hybrid annual resport to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIELS ON) 4/24/94 904-455-3371