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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000003331 (6)**

1. Corporation Name
MERIT BEVERAGE CO.

Principal Place of Business
C/O S.M. HENSHAW, P.A.
P.O. BOX 150639
CAPE CORAL FL 33915-0639

Mailing Address
C/O S.M. HENSHAW, P.A.
P.O. BOX 150639
CAPE CORAL FL 33915-0639

3. Date Incorporated or Qualified: 07/20/1993
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business
21 1.2995 S. CLEVELAND AVE
Suite, Apt. #, etc.
22 SUITE 145
City & State
23 FORT MYERS FLORIDA
Zip 24 33907 Country 25 LEE

2a. Mailing Address
26 1.2995 S. CLEVELAND AVE
Suite, Apt. #, etc.
27 SUITE 145
City & State
28 FORT MYERS FLORIDA
Zip 29 33907 Country 30 lee

4. FEI Number: 36-3330502 ☐ 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

SIGRID M. HENSHAW, P.A.
2804 DEL PRADO BLVD., STE. 106
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: THOMAS J PAULUS
82 Street Address (P.O. Box Number is Not Acceptable): 1.2995 S. CLEVELAND AVE
83 SUITE 145
84 City: FORT MYERS FL 85 Zip Code: 33907

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: Thomas J Paulus DATE: 3/20/96
Signature, typed or printed name of registered agent and date. Required.
(NOTE: Registered Agent signature required when changing agent.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PAULUS, THOMAS J 6610 JOANNA CIRCLE FT. MYERS FL 33919	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SPT Paulus, Thomas J. 6610 Joanna Circle Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ✔ PAULUS, SUSAN 6610 JOANNA CIRCLE FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 attachment with an address.

SIGNATURE: Thomas J Paulus DATE: 2/29/96 (941) 936 8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
Thomas J. Paulus, President