
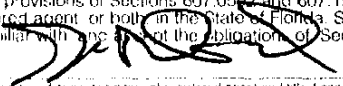
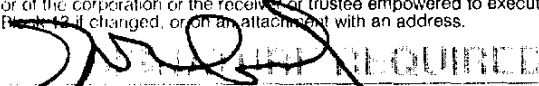


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am  
Secretary of State

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|---|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # F96364 (7)</b><br>1. Corporation Name<br><b>LOWE'S DISCOUNT LIQUORS, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>4500 W. HWY 98<br/>PANAMA CITY FL 32401-1027</b>  |  | Mailing Address<br><b>4500 W. HWY 98<br/>PANAMA CITY FL 32401-1027</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country  |  |
| 3. Date Incorporated or Qualified<br><b>08/20/1982</b>  |  | 3a. Date of Last Report<br><b>07/08/1996</b>  |  |
| 4. FEI Number<br><b>59-2216179</b>  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| 9. Name and Address of Current Registered Agent<br><b>SMITH, W.L.<br/>4500 W. HWY 98<br/>PANAMA CITY FL 32405</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br><b>Gary Paul</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4500 W. Hwy. 98</b><br>83<br>84 City<br><b>Panama City</b> <b>FL</b> 85 Zip Code<br><b>32405</b>   |  |
| 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<br>  |  | Gary Paul<br>(NOTE: Registered Agent signature required when reinstating)   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE<br><b>PD</b> <input checked="" type="checkbox"/> DELETE<br>NAME<br><b>SMITH, W.L.</b><br>STREET ADDRESS<br><b>15600 US HWY 98</b><br>CITY-ST-ZIP<br><b>PANAMA CITY BEACH FL</b>   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P D</b><br>2.2 NAME<br><b>Gary Paul</b><br>2.3 STREET ADDRESS<br><b>4500 West Hwy 98</b><br>2.4 CITY-ST-ZIP<br><b>Panama City, Florida 32401</b><br>3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>S D</b><br>3.2 NAME<br><b>Loren Smith</b><br>3.3 STREET ADDRESS<br><b>10292 Front Beach Road</b><br>3.4 CITY-ST-ZIP<br><b>Panama City Beach, Florida 32407</b><br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |
| 14. I do 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:<br>   |  | Gary Paul<br>(904) 784-1788   |  |

CR2E034 (9/96)