FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66932

1. Corporation Name: Jock's Liquors, Inc.

Principal Place of Business	Mailing Address
1277 S. Jefferson St. Monticello, FL 32349	380 N. Jefferson St. P.O. Box 41 Monticello, FL 32349

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 1277 S. Jefferson St.
Suite, Apt. #, etc. 22:
City & State 23: Monticello, FL
Zip 24: 32349 Country 25: Jefferson

2a. Mailing Address
26: P.O. Box 41
Suite, Apt. #, etc. 27:
City & State 28: Monticello, Florida
Zip 29: 32349 Country 30: Jefferson

4. FEI Number: 59-2390006 ☐ 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

Reichman, Michael
380 N. Jefferson St.
~~P.O. Box 41~~
Monticello, FL 32345

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required for printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/S/D	11 TITLE	☐ Change ☐ Addition
NAME	Von Kelner	12 NAME	
STREET ADDRESS	Rt 4 Box 4246	13 STREET ADDRESS	
CITY ST ZIP	Monticello, FL 32349	14 CITY ST ZIP	
TITLE	P/T/D	21 TITLE	☐ Change ☐ Addition
NAME	Michael A. Reichman	22 NAME	600001500916
STREET ADDRESS	380 N. Jefferson St.	23 STREET ADDRESS	-05/30/95--01017--007
CITY ST ZIP	Monticello, FL 32349	24 CITY ST ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

PREPARED BY FIRM 1

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)(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: _____ President 4/24/95 904 997-5106
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 1, 1995

JOCKS LIQUORS, INC.
380 N. JEFFERSON ST.
P.O. BOX 41
MONTICELLO, FL 32344

SUBJECT: JOCKS LIQUORS, INC.
Ref. Number: G66982

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

Section 1 of the application must be complete.

NOTE: YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO MAKE THE CORRECTIONS AND RETURN THE DOCUMENT AND NOT HAVE TO PAY THE LATE FEE OF $25.00.

PLEASE RETURN A COPY OF THIS LETTER WITH THE CORRECTED DOCUMENT TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cynthia Hendrixson
Annual Report Section

Letter number: 895A00020817