FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

COUNTY - 1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H66639** **(6)**

1. Corporation Name

RALPH'S SAN ANN LIQUORS, INC.

Principal Place of Business	Mailing Address
32625 SR 52 P O BOX 16 SAN ANTONIO FL 33576 US	32625 SR 52 P O BOX 16 SAN ANTONIO FL 33576 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1985**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2663049** ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has [illegible] Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMNER, ROBERT D.
106 S SIXTH ST
DADE CITY FL 33525

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 607.1007 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 [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 TITLE	DP	1 TITLE	DP JONES, JAMES R ☑ Change ☐ Addition
2 NAME	JONES, JAMES R.	2 NAME	
3 STREET ADDRESS	609 LOUIS AVE, BOX 16	3 STREET ADDRESS	32625 S.R. 52 BOX 16
4 CITY ST ZIP	SAN ANTONIO FL	4 CITY ST ZIP	SAN ANTONIO, FLA 33576
5 TITLE	S	5 TITLE	S, LAUKAT JENNIFER ☑ Change ☐ Addition
6 NAME	WATSON, SALLY M.	6 NAME	
7 STREET ADDRESS	1105 S 11TH ST	7 STREET ADDRESS	BOX 731 - 32553 MICHIGAN AVE
8 CITY ST ZIP	DADE CITY FL	8 CITY ST ZIP	SAN ANTONIO, FLA 33576
9 TITLE	O	9 TITLE	☐ Change ☐ Addition
10 NAME	LAUKAT, JENNIFER	10 NAME	
11 STREET ADDRESS	BOX 731-32553 MICHIGAN AVE	11 STREET ADDRESS	
12 CITY ST ZIP	SAN ANTONIO FL	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or Block 11 if changed, or on any attachment with an address.

SIGNATURE: James R. Jones — 5/1/95 — 904-588-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES R. JONES

0441700 FP