

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J44087** (1)
1. Corporation Name
SOUTHEAST-ATLANTIC BEVERAGE CORPORATION

Principal Place of Business % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2741848	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAUL, ROBERT H. III			1.2 NAME	R. H. Paul, III		
STREET ADDRESS	6001 BOWDENDALE AVENUE			1.3 STREET ADDRESS	6001 Bowdendale Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENT, JAMES V.E.			2.2 NAME	Christopher Y. Paul		
STREET ADDRESS	1125 NORTH ELLIS ROAD			2.3 STREET ADDRESS	6001 Bowdendale Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, FREDERICK H.			3.2 NAME	Daniel K. Jeffords		
STREET ADDRESS	118 WEST ADAMS STREET			3.3 STREET ADDRESS	6001 Bowdendale Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OWEN, HARRY C.			4.2 NAME	John Reilly Schultz		
STREET ADDRESS	1910 MURPHY AVE SW			4.3 STREET ADDRESS	118 W. Adams St.		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FICHTHORN			5.2 NAME			
STREET ADDRESS	514 HOLLOW TREE RIDGE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	DARIEN CT			5.4 CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, LEWIS S.			6.2 NAME			
STREET ADDRESS	200 WEST FORSYTH STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			6.4 CITY-ST-ZIP			

14. I 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 attached statement in an address.

SIGNATURE: *Daniel K. Jeffords* Daniel K. Jeffords, Vice President, Finance

(904) 739-1000

CR2E034 (10/97)