

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44087

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90015 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1986

4. FEI Number

59-2741848

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6001 Bowdendale Ave

2a. Mailing Address

26 6001 Bowdendale Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville FL

Zip Country

24 32216 25

Zip Country

29 32216 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE DC
NAME PAUL, ROBERT H. III
STREET ADDRESS 6001 BOWDENDALE AVENUE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME BENT, JAMES V.E.
STREET ADDRESS 1125 NORTH ELLIS ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE DP
NAME PAUL, CHRISTOPHER
STREET ADDRESS 6001 BOWDENDALE AV
CITY-ST-ZIP JAX FL

☐ DELETE

TITLE VS
NAME JEFFORDS, DANIEL K
STREET ADDRESS 6001 BOWDENDALE AV
CITY-ST-ZIP JAX FL

☐ DELETE

TITLE D
NAME FICHTHORN
STREET ADDRESS 514 HOLLOW TREE RIDGE ROAD
CITY-ST-ZIP DARIEN CT

☐ DELETE

TITLE D
NAME SCHULTZ, JOHN R
STREET ADDRESS 118 W ADAMS ST
CITY-ST-ZIP JAX FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

904-739-1000

Daytime Phone #

CR2E034 (11/98)