

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J63864

(9)

1. Corporation Name
MCKENZIE'S LIQUOR, INC.



Principal Place of Business
% JOANNE MCKENZIE
1089 NORTH TAMiami TRAIL
NOKOMIS FL 34275
US

Mailing Address
% JOANNE MCKENZIE
1089 NORTH TAMiami TRAIL
NOKOMIS FL 34275-2163
US

3. Date Incorporated or Qualified
03/26/1987

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2793879

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

2. Principal Place of Business

21. % William McKenzie
Suite, Apt. #, etc

22. 1089 N Tamiami Trail
City & State

23. N. Komis, FL
Zip Country

24. 34275 25. US

2a. Mailing Address

26. % William McKenzie
Suite, Apt. #, etc

27. 1089 N Tamiami Trail
City & State

28. N. Komis, FL
Zip Country

29. 34275 30. US

9. Name and Address of Current Registered Agent

MCKENZIE, WILLIAM E.
1089 N. TAMiami TRAIL
NOKOMIS FL 34275

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, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVPD	<input type="checkbox"/> DELETE
NAME	MCKENZIE, JOANNE	
STREET ADDRESS	209 BLACKBURN ROAD	
CITY-STATE-ZIP	NOKOMIS FL	
TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	MCKENZIE, WILLIAM E	
STREET ADDRESS	209 BLACKBURN ROAD	
CITY-STATE-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

William E McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-97

(941) 488-4749

CR2E034 (9/96)