

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90225 018 ***150.00

DOCUMENT # J99721

1. Corporation Name

FLORIDA BEVERAGE LAW CONSULTANTS, INC.



Principal Place of Business

100 RIALTO PLACE
SUITE 203
MELBOURNE FL 32901

Mailing Address

100 RIALTO PLACE
SUITE 203
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1331 E. LA FAYETTE

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

11/01/1987

4. FEI Number

59-2857900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

Suite, Apt. #, etc.

22 # C

Suite, Apt. #, etc.

27

City & State

23 Tallahassee, FL

City & State

28 FL

Zip

24 32301

Country

Zip

29 32301

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREER, JAMES A
100 RIALTO PLACE
203
MELBOURNE FL 32901

81 Name

James A Greer

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

1331 EAST LAFAYETTE street

83

Suite C

84

Tallahassee

FL

85

Zip Code

32301

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P/D GREER, JAMES A

STREET ADDRESS 1541 BREESE ST

CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME ST GREER, JAMES A

STREET ADDRESS 1541 BREESE ST

CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1331 E LAFAYETTE ST # C

Tallahassee FL 32301

☒ Change ☐ Addition

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-98 850-671-2250

CR2E034 (11/98)