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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09919

(7)

LI'L OLE WINEMAKERS SUPPLY HOUSE, INC.

Principal Place of Business Mailing Address						1 10010171 011 40110 FB110 F810F 17010 FB11	818(1 B15(1 B18(1 B19)1 B1	DII DIDII (DDI
731 NEW WAR PENSACOLA F		731 NEW WARRINGTON RD. PENSACOLA FL 32506-4250						
		· g				Date Incorporated or Qualified 01/01/1988	3a. Date of Last 04/24/1996	
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	# ata	26			· · · · ·	59-2861394		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 7	Additional Required
City & State	e	City & State				& Election Compaign Figure 1		·
23]	~	28				Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Cou	intry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in		
24	25	29	30				Yes No	3: 133 602
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	gistered Agent	
	RY, JAMES, G			81	Name			
	NEW WARRINGTON RD.			82	Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
PEN	ISACOLA FL 32506							
				83				
				84	City		 85 Zi	p Code
								,
office or ragent. I a	egistered agont, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was ions of, Section 607,0505, f	s authorizo Florida Stat	d by tutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment	as registered
	Signature, typical or printed name of registered agen	one elimente e discon		d Agr	ol signature req ui	red where remaining)	DATE	
12.	OFFICERS AND		13.		·	ADDITIONS/CHANGES TO OFFIC		
TITLE	CARY, JAMES, G	☐ DELF1E	1.1 11				Chang	e
NAME	731 NEW WARRINGTON RD.		1.2 N					
STREET ADDRESS	PENSACOLA FL				ADDRESS			
CITY-ST-ZIP TITLE	TEHONOCENTE	🗆 priete	1.4 CI 2.1 11				Chang	e Addition
NAME		<u> </u>	2.1 II				Onling	e
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					S1 - 71P			
TITLE		□ DELETË	3111		·····		Chang	a Addition
NAME			3 2 N/	NM6			•	-
STREET ADDRESS			33 SI	IREET	ADDRESS			
CITY-ST-ZIP			3 4. C	ПY - 9	S1 - 71P			
TITLE		DELFTE	4.1 11				☐ Chang	e 🔲 Addition
NAME			4.2 N	ΙΛΜέ				
STREET ADDRESS			4.3 ST	RHI	ADDRESS			
CITY-ST-ZIP		<u>.</u>	4.4 Ci	14-8	1 - ZIP			
TITLE		☐ DELFIE	51 TI	TLF			Chang	e Addition
NAME			52 N	AME				
STREET ADDRESS			5 3 81	IREE	ADDRESS			
CITY-ST-ZIP			5.4 C		4-7P			
TITLE		☐ DELETE	611				∟ Chang	e L Addition
NAME			62 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	by certify that the information envelope	with this films stone out our	■ 640			d in Section 119.07(3)(i), Florida Statutes	I further contine the	at the
informatio I am an o	on indicated on this annual report or su	ipplemental åenual report is he receiver or trustee empe	s true and a owered to e	HOCU	trate and tha	t my signature shall have the same loga rt as required by Chapter 607, Florida S	l effect as it made i	under oath: that