Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90017 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

 Corporation 	MENT # K14415 Name ERSBURG BEVERAGE COM							
Principal Place	of Business	Mailing Address				i (Båifit) och trött blöst disbi tibat att	() 8)8)(8(8() 8)8() 4(8() 8	1911 9(81) 120)
1990 LAKE AVE SE 133 ATLANTIC DR								
LARGO FL 34641 MAITLAND FL 32751								
US						DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualifed 02/10/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number	<u> </u>	plied For
21		26				<u>59-2302475</u>		t Applicable
Suite, Apt. #, etc.					- ·	5. Certifcate of Status Desired	\$8.75 A	
22		27						<u>'</u>
City & State	•	City & State				6. Election Campaign Financing	\$5.00 Added t	
23	Country	28]	Country			Trust Fund Contribution		o rees
Zip 24 337	Country	Zip	٦ `		1	This corporation owes the current y Personal Property Tax.		□No
24 32 (9. Name and Address of Curre	29 30	Ш		- 1	0. Name and Address of New Regis		
	3. Name and Address of Curre	iii Kedisteren Agant	81	Name		o. Hamo and position of the state of the sta		
MAY.	, K. RODNEY							
111 N ORANGE AVE			82	Street /	Address	(P.O. Box Number is Not Acceptable)		
SUITE 1800			83					
ORLANDO FL 32801								
			84	City		-	FL 85 Zip C	Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was auth- ations of, Section 607.0505, Florida	onzed by	tne corpo	oration's	ion submits this statement for the purp board of directors. I hereby accept the	pose of changing its a appointment as requality	gistered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	P DELETE 11T		11 TITLE				Change	☐ Addition
NAME	TAYLOR, JAMES D. 12N		1.2 NAME					
STREET ADDRESS	133 ATLANTIC DR 1.3 S		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MAITLAND FL 1.40		1.4 CITY- \$1	r-zip				
TITLE	DELETE 2.11		2.1 TITLE				Change	☐ Addition
NAME	TAYLOR, TERESA F.		2.2 NAME	ĺ				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	MAITLAND FL 2.41		2. 4 CITY-S	iT-ZIP			2	-
TITLE	VP □ DELETE 3.11		3.1 TITLE				Change	☐ Addition
NAME	2 1.1, 2 2 .1, 3 2 .1.1.1.2		3.2 NAME					
STREET ADDRESS	100 AM 141710 BB		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MANTE AND EL		3.4. CITY-S	T-ZIP				
TITLE	V	☐ DELETE	4.1 TITLE				Change	Addition
NAME	Taylor Alex J. 133 Atlantic Drive		4, 2 NAME					
STREET ADDRESS	133 Atlantic Drive		4.3 STREET	ADDRESS				
CITY-ST-ZIP	maitland, t/		4.4 CITY-\$1	T-ZIP				
TITLE	☐ DELETE 5.1 T		5.1 TITLE	Ì			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	FADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

