

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L55762** (3)

1. Corporation Name

WHISTLESTOP BEVERAGE SERVICES, INC.



Principal Place of Business

**605 ORANGE BLVD.
SANFORD FL 32771**

Mailing Address

**605 ORANGE BLVD.
SANFORD FL 32771**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**BENNETT, PAMELA W.
605 ORANGE BLVD.
SANFORD FL 32771**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/07/1990

3a. Date of Last Report

06/16/1995

4. FID Number

59-2989947

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(7) 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 and hereby accepted the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.06(7), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

D

☐ DELETE

NAME

**BENNETT, ROBERT B.
605 ORANGE BLVD.
SANFORD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

**BENNETT, PAMELA W.
605 ORANGE BLVD.
SANFORD FL**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or trustee or partner authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Pamela W. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96

CR2E034 (12/95)