2006 FOR PROFIT CORPORATION

Mar 13, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P05000064825 03-13-2006 90052 027 ***150.00 1. Entity Name AFC LIQUORS, INC. Principal Place of Business Mailing Address 4933 U.S. HIGHWAY 98 4933 U.S. HIGHWAY 98 LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02082006 Chg-P City & State City & State 4. FEI Number 2810845 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKOLD, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 4933 U. S. HIGHWAY 98 LAKELAND, FL 33813 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PТ TITLE Delete TITLE Addition SKOLD, WILLIAM E NAME NAME STREET ADDRESS 4933 U. S. HIGHWAY 98 STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SKOLD, PATRICIA NAME NAME STREET ADDRESS 4933 U. S. HIGHWAY 98 STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33813 City-St-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receives on the receives on the receives on the receives on the receives of the corporation or the receives on the receives on the receives of the receives of the receives on the receives of the receives of the receives on the receives of the re changed, or on an attachment with as address, with all other like emr

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TITLE

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PATRICIA A. SHOLD VP 863-858

FILED

☐ Change

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