

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

DOCUMENT # P19611

1. Corporation Name
TODHUNTER IMPORTS, LTD., CO.

Principal Place of Business
**222 LAKEVIEW AVENUE
SUITE 290
WEST PALM BEACH FL 33401
US**

Mailing Address
**222 LAKEVIEW AVENUE
SUITE 290
WEST PALM BEACH FL 33401
US**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90265 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1988

4. FEI Number
13-3443616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

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

2. Principal Place of Business
21 **222 LAKEVIEW AVENUE**

2a. Mailing Address
26 **222 LAKEVIEW AVENUE**

Suite, Apt. #, etc.
22 **SUITE 1500**

Suite, Apt. #, etc.
27 **SUITE 1500**

City & State
23 **WEST PALM BEACH, FL**

City & State
28 **WEST PALM BEACH, FL**

Zip Country
24 **33401** 25 **US**

Zip Country
29 **33401** 30 **US**

9. Name and Address of Current Registered Agent

**PINCOURT, JR K A
222 LAKEVIEW AVE SUITE 1500
WEST PALM BCH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDES, THOMAS A	
STREET ADDRESS	222 LAKEVIEW AVE, #290	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KARR, TERRY V	
STREET ADDRESS	295 SO. RAMONA ACE	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BAKER, JUDITH A	
STREET ADDRESS	1307 CARR DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EDWARDS, TROY	
STREET ADDRESS	148 SANTA MONICA AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PINCOURT, JR K A	
STREET ADDRESS	222 LAKEVIEW AVE, SUITE 1500	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MALTBY, JAY S	
STREET ADDRESS	222 LAKEVIEW AVE, SUITE 1500	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALDES, THOMAS A.	
1.3 STREET ADDRESS	222 LAKEVIEW AVE, #1500	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-99 (561)655-8977

CR2E034 (11/98)