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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: /

P92000004057 (5)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9200

1. Corporation Name

WEEKI WACHEE LIQUORS, INC.

WEEKI	WACHEE LIQUORS, INC.								
Principal Place	of Business	Mailing Address				I INDIAN HE HE ININ HOLL BOLL DANK OF	(1) 481)(BA)((B)B()	AAIBI 81111 1881 1881	
6264 COMMERCIAL WAY BROOKSVILLE FL 34613 6264 COMMERCIAL W/ BROOKSVILLE FL 34613									
						11/04/1992	3a. Date of Las 05/01/		
_2. Principal Pla 21	ice of Business	2a. Mailing Address				4. FEI Number 59-3150127		Applied For Not Applicable	
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.	 1			5. Certificate of Status Desired [sired Sa.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Co.	untry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered Agent		
				81	Name				
LEWANDOWSKI, GREG A 6264 COMMERCIAL WAY				82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
	SVILLE FL 34613			83				-	
				84	City		FL 85	Zip Code	
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	rida. Such change was authori	zed by the	corpc	amed corporat oration's board	tion submits this statement for the purpo of directors. I hereby accept the appoint	se of changing itment as registe	its registered office ared agent. I am	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (N	IOTE: Registere	d Agent	signature required s	iv/ren reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS IN 12		
TITLE	D DELETE		1.11	TITLE			🗀 Char	nge 🔲 Addition	
NAME	Lewandowski, Greg A		1.2 N	1.2 NAME					
STREET ADDRESS	6264 COMMERCIAL WAY			1.3 STREET ADDRESS 1.4 City-St-Zip					
CITY-ST-ZIP	BROOKSVILLE FL 34613							_	
TITLE	,	☐ DELETE	2. 1 TITLE				☐ Char	nge 🖺 Addition	
NAME			22 N	2 2 NAME					
STREET ADDRESS			2.3		address				
CITY-ST-ZIP		24		ITY-ST	ST-ZIP				
THILE				IILE	LE		☐ Char	nge 🔲 Addition	
NAME			3.2 N	3MA	1				
STREET ADDRESS			3.3 8	STREET	ADDRESS				
CI*Y-ST-ZIP			3.40	HTY-ST	r-ZIP				
TITLE		☐ DELETE 4.		TITLE			Chan	nge 🔲 Addition	
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	TREET	adoress				
City-St-ZiP			4.4 C	ITY-ST	- 21P				
TITLE		DELETE	5.11	FITLE			Chan	nge 🔲 Addition	
NAME			5.2 N	AME					
STREET ADDRESS	•		538	TREET	ADDRESS				
CHTY-ST-ZIP			5.4 C	11Y-ST	r-ZIP				
TITLE	1	DELETE	6 1 1	TITLE			☐ Chan	nge 🔲 Addition	
NAME	/ /		6.2 N	AMÉ					
STREET ADDRESS	// (1	5.3 S	TREET	ADDRESS				
CITY-S1-ZIP			6.4 CIT		- ZIP			•	
14. I do hereby certify that oath; that I appears in	certify that the information supplied the information indicated on this an am an officer of director of the corp Block 12 or Block 13 if changed, or	I with this filing is voluntarily fun qual report or supplemental and ocation or the receiver or truster or one attachment with an add	nished and nual report ee empowe dress.	does is true red to	not qualify for e and accurate o execute this	the exemption stated in Section 119.07 and that my signature shall have the sar report as required by Chapter 607, Floric	(3)(k), Florida St ime legal effect a da Statutes; and	atutes, I further as if made under I that my name	

4-26-96 352-597-2648
Date : Destrict Price :