FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000034428 (1)**

1. Corporation Name

JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
5100 WEST HANNA AVE. TAMPA FL 33634 US	5100 WEST HANNA AVE. TAMPA FL 33634 US

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 4520 S. CHURCH AVE.	26 P.O. BOX 13489
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FL.	28 City & State: TAMPA, FL.
24 Zip: 33611 25 Country	29 Zip: 33681 30 Country

4. FEI Number: 59-3188427 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODGES, GEOFFREY T 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LYNN		1.2 NAME		
STREET ADDRESS	2341 UNIVERSITY AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		1.4 CITY-ST-ZIP		
TITLE	PDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MITCHELL		2.2 NAME		
STREET ADDRESS	2341 UNIVERSITY AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MANGINE, DOUGLAS		3.2 NAME		
STREET ADDRESS	2341 UNIVERSITY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAUFFMAN, ESTHER		4.2 NAME		
STREET ADDRESS	2341 UNIVERSITY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	GARCIA, JR. J		5.2 NAME		
STREET ADDRESS	5100 WEST HANNA AVE		5.3 STREET ADDRESS	4520 S. CHURCH AVE	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: Jaime J. Garcia Jr. 3/13/96 813-832-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)