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

P93000085232 (5) DOCUMENT #

1. Corporation Name

TYRONE LIQUOR MART, INC.



Principal Place of Business Mailing Address									
6986 22ND AVENUE. NORTH ST. PETERSBURG FL 33710		6986 22ND AVENUE.	6986 22ND AVENUE, NORTH ST. PETERSBURG FL 33710						
n Dringing D	Upoc of Desired	· · · · · · · · · · · · · · · · · · ·				3. Date incorporated or Qualified 12/14/1993		of Last Report 5/01/1995	
21	lace of Business	2a. Mailing Address 26				4. FEI Number 59-3214763		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	de	Orty & State	<u>-</u>			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zφ	Country	Zip	Cou	untry		This corporation has liability for		Added to Fees cunder s 199,032	
24	25	29	30			Florida Statutes 🔲 Yes	☐ No		
	9. Name and Address of Curi	rent Hegistered Agent			r	10. Name and Address of New F	legistered A	gent	
ELIMIT (DICUADO I			81	Name				
	RICHARD J		82		Street Add	t Address (P.O. Box Number is Not Acceptable)			
	NDY HOOK RD. 'ERSBURG FL 33706								
OI. I LI	Chobuna FL 33/06			83					
				84	Orty			85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1509 Florida Clat	4	LI		ration submits this statement for the pur rd of directors. Thereby accept the appr	FL		
SIGNATURE _	Signature, typed or printed name of registero Lag. OFFICERS A	em aru tipert applicable gre NDD DIRECTORS	άτε Acyclicini 13.	l Agent	inspectate require	divise retailing	DATE		
TITLE	P	DELETE	111	IDI F		ADDITIONS/CHANGES TO OFF			
NAME	FLINT, RICHARD		1 2 N/				L	Change	
STREET ADDRESS	6986 22ND AVENUE, NORT	ዝ			ADDRESS				
CHTY - ST - ZIP	ST. PETERSBURG FL 3371	0		IY-SI					
TITLE	VST	DELETE	2 1 1					Change Addition	
NAME	LOWDER, CONNIE	E		2.2 NAME			L	Change 🔲 Addition	
STREET ADDRESS	6986 22ND AVENUE, NORT				ADDRESS	s l			
CITY - ST - ZIP	ST. PETERSBURG FL 33710	0	2 4 01		ļ				
TITLE		☐ DELETE	3 1 11					Change Addition	
NAME			3 2 NA	ME				- Addition	
STREET ADDRESS			33 Si	IRCET .	ADDRESS				
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TITLE		☐ DELETE	4 1 77	TLE				Change Addition	
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TREET ADDRESS									
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		Delice	4 4 CIT	[Y-S]					
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certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if an anged, or on an attachment without and engagement and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if an anged, or on an attachment without andress.

SIGNATURE:

- Heat KICHARD J. FLINT 4/22/96
RINTED NAME OF SIGNING OFFICER OF DIRECTOR