

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032193 (2)

1. Corporation Name

ARCHIBALD BROS. FINE BEVERAGES, INC.



Principal Place of Business

1735 PATTERSON AVE.
DELAND FL 32724

Mailing Address

1735 PATTERSON AVE.
DELAND FL 32724

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report
10/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FLI Number

59-3275430

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ERIC R.
1735 PATTERSON AVE.
DELAND FL 32724

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MILLER, ERIC R
STREET ADDRESS 126 INTERLAKE DRIVE
CITY-ST-ZIP DELAND FL 32724

TITLE D ☒ DELETE

NAME BLOCK, RICHARD
STREET ADDRESS 707 HIBISCUS COURT EAST
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ DELETE

NAME BROWN, WILLIAM
STREET ADDRESS 7223 JAFFERY
CITY-ST-ZIP ORLANDO FL 32835

TITLE Director ☐ DELETE

NAME William Kelly
STREET ADDRESS 2693 Whitehurst Rd.
CITY-ST-ZIP Deland, FL 32720

TITLE Director ☐ DELETE

NAME Fred Lane
STREET ADDRESS 403 S Amelia Ave.
CITY-ST-ZIP Deland, FL 32724

TITLE Director ☐ DELETE

NAME Terlyn Miller
STREET ADDRESS 126 Interlake Dr.
CITY-ST-ZIP Deland, FL 32724

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)