FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000061786

1. Corporation Name

CLIFFORD & LEE'S LIQUORS, INC.

Principal Place of Business HWY, 90 WEST & STATE ROAD 127 NORTH 2533 NOBLEMAN COURT SANDERSON FL 32087 JACKSONVILLE FL 32223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Nur iber Applied For Not Applicable 59-3263490 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zìp 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MALONEY, FRANK E JR. Street Address (P.O. Box Number is Not Acceptable) 82 445 EAST MACCLENNY AVENUE MACCLENNY FL 32063 83 Zip Cc de 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized 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 (NOT! : Registered Agent signature required when reinstating) Signature, typed or printed nai te of registered agent, and title if applicable ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME BISHARA, SAID M NAME 2533 NOBLEMAN COURT 1.3 STREET ADDRESS STREET ADDRES JACKSONVILLE FL 32040 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE BISHARA, EDDIE 2 2 NAME NAME 2533 NOBLEMAN COURT 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE AVP TITI F BISHARA, FREDDIE 3.2 NAME NAME 2533 NOBLEMAN COURT 3.3 STREET ADDRESS STREET ADDRES JACKSONVILLE FL 32223 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE BISHARA, KATHY T 4. 2 NAME NAME 2533 NOBLEMAN COURT 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE BISHARA, JOYCE S 52 NAME NAME 5.3 STREET ADDRESS 2533 NOBLEMAN COURT STREET ADDRES

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Jacksonville FL 32223

904-275-2205

☐ Addition

Change

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90183 005 ***150.00

(11/98)CR2E034