SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087500 (2)**

1. Corporation Name
NORTHLAND BEVERAGE CORPORATION

Principal Place of Business	Mailing Address
1101 HOWELL CREEK DR WINTER SPRINGS FL 32708	1101 HOWELL CREEK DR WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 3221 S. ATLANTIC AVE
Suite, Apt. #, etc. (22): 703
City & State (23): COCOA BEACH, FL
Zip (24): 32931 Country (25): BREVARD

2a. Mailing Address (26): P.O. BOX 321508
Suite, Apt. #, etc. (27):
City & State (28): COCOA BEACH FL
Zip (29): 32932 Country (30): BREVARD

4. FEI Number: 59-3282757 ☐ 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

KRAUSE, BETTE E
~~1101 HOWELL CREEK DR~~
~~WINTER SPRINGS FL 32708~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3221 S. ATLANTIC AVE
83: # 703
84 City: COCOA BEACH FL 85 Zip Code: 32931

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: BETTE E. KRAUSE Bette E. Krause 7/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ETCHISON, RICHARD J	12 NAME		
STREET ADDRESS	508 TIMBER RIDGE DR	13 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ETCHISON, ROSELEE	22 NAME		
STREET ADDRESS	508 TIMBER RIDGE DR	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	KRAUSE, KURT W	32 NAME		
STREET ADDRESS	~~1101 HOWELL CREEK~~ DR	33 STREET ADDRESS	3221 S. ATLANTIC AVE # 703	
CITY-ST-ZIP	~~WINTER SPRINGS FL~~ 32708	34 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	KRAUSE, BETTE E	42 NAME		
STREET ADDRESS	~~1101 HOWELL CREEK~~ DR	43 STREET ADDRESS	3221 S. ATLANTIC AVE # 703	
CITY-ST-ZIP	~~WINTER SPRINGS FL~~ 32708	44 CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: BETTE E. KRAUSE Bette E. Krause 7/25/95 407-799-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000506 CP