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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012816 (1)

FOOD AND BEVERAGE RESOURCES, INC.

Principal Place of Business Mailing Address 1890 SOUTH 14TH STREET, STE, 200 1890 SOUTH 14TH STREET, STE. 200 FERNANDINA BEACH FL 32034-4740 FERNANDINA BEACH FL 32034 3a. Date of Last Report 3. Date Incorporated or Qualified 02/13/1995 04/22/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3295997 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country Country $Z_{\rm DD}$ 8. This corporation has liability for intangible tax under s. 199.032, X Yes 24 29 30 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCARROLL, MICHAEL O 1890 SOUTH 14TH STREET, STE. 200 82 Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH FL 32034 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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, can furnish with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI Squation, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition Title D 11TITLE NAME MCCARROLL, MICHAEL O 1.2 NAME 1564 S. FLETCHER AVE. 1.3 STREET ADDRESS STREET ADDIRESS FERNANDINA BEACH FL 32034 GITY-ST 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change ■ Addition THE NAME 2.2 NAME STR-EL ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-51 DELETE Change Addition HUE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE Hill VAIME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP OBY: \$1:20 DELETE Addition 5.1 TITLE HILE MAME 5.2 NAME STREET ALCOHESS 5.3 STREET ADDRESS CDY-51-26 5.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition THE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET AFORESS OHY-\$1,26 6.4 CITY - ST - ZIP

14. I do he ceby certily that the information supplied with this filing 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.