

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

PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P**95000040815
1. Corporation Name
LIQUID CELLAR, INC.
Principal Place of Business Mailing Address
12233 UNIVERSITY BLV 12233 UNIVERSITY BLV
ORLANDO, FL 32817 ORLANDO, FL 32817

3. Date Incorporated or Qualified **05/22/95** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 12233 UNIVERSITY BLV 26 12233 UNIVERSITY BLV

4. FEI Number **59-3321342** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State City & State
23 ORLANDO, FL 28 ORLANDO, FL

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

Zip Country Zip Country
24 32817 25 USA 29 32817 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
T. PATRICK GILLMAN
1621 CRESTWOOD DRIVE
ORLANDO, FL 32804

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PRESIDENT ☐ DELETE
NAME T. PATRICK GILLMAN
STREET ADDRESS 1621 CRESTWOOD DRIVE
CITY-ST-ZIP ORLANDO, FL 32804
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
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CITY-ST-ZIP
TITLE ☐ DELETE
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CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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: **T. Patrick Gillman** **T. PATRICK GILLMAN** **4/26/96** **(407) 381-1009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1/96