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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073005 (7)

NICK'S DISCOUNT BEVERAGE JUNIOR OF POLK COUNTY, INC.

1000 N COMBEE RD 1000 N COMBEE RD **LAKELAND FL 33801-2973** LAKELAND FL 33801 3a. Date of Last Report 3. Date Incorporated or Qualified 09/15/1995 11/07/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3116220 Not Applicable 26 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 m Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Ζıp Country Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name LALLU, NARENDRA 1000 N COMBEE RD **B2** Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 Zip Code City 85 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 familier with land accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature type dior printed name of registered agent and the diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ■ Addition HILE LALLU, NARENDRA 12 NAME CR2E034 NAME 1000 N COMBEE RD 1.3 STREET ADDRESS STREET ADORESS LAKELAND FL 33801 1.4 CITY - ST - ZIP CITY-ST-ZIF Addition DELETE 2.1 TITLE Change TITLE LALLU, PEMILABEN N 2.2 NAME NAME 1000 N COMBEE RD 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 2 4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition THILE 31 TITLE LALLU, PYUSHKUMAR 32 NAME NAME 1000 N COMBEE RD STREET ACCORESS 3.3 STREET ADDRESS **LAKELAND FL 33801** 3 4. CITY - \$1 - ZIP Cith - ST- ZiP Addition DELETE Change 4.1 TITLE THILE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ASSORESS 4.4 CITY-ST-ZIP Off St Zil DELETE Change Addition 11TLE 5.1 TITLE

14. I do nereby certify 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.

5.2 NAME

6.1 DTLF

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

NAME

HILE

NAME

STREET ADDRESS

STREET ADDRESS

C-TY - S1 - ZIP

LINE AND TYPED ON PRINTED NAME GETSIGNING OFFICER OR DIRECTOR

DELETE

2.16.97 941-688.0270

☐ Change

Addition

FILED

Mar 05 1997 8:00am

Secretary of State