

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078077 (1)

1. Corporation Name

MILLENIUM WINE & SPIRITS, INC.



Principal Place of Business

442 W. KENNEDY BLVD., SUITE 200
TAMPA FL 33606

Mailing Address

442 W. KENNEDY BLVD., SUITE 200
TAMPA FL 33606

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3337662

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

25

Country

29

Zip

30

Country

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

10. Name and Address of New Registered Agent

WALKER, TODD F
442 W. KENNEDY BLVD., SUITE 200
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title, if applicable.

Signature, typed or printed name of new registered agent and title, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D, P, S, T
WALKER, TODD F
120 S. HALE STREET
TAMPA FL 33609

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
RECTOR, W. STEPHEN
2217 ADAMS ST.
NEW ORLEANS LA 70118

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

14. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

15. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

16. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

18. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

19. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

20. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

Todd F. Walker

TODD F. WALKER 5/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

813-289-7881

CR2E034 (12/95)