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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90012 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048652

1. Corporation Name
JENI DISCOUNT BEVERAGE STORE, INC.



Principal Place of Business

**JENI DISCOUNT BEVERAGE
3593 EMERSON ST
JACKSONVILLE FL 32207**

Mailing Address

**3593 EMERSON STREET
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

59-3393467

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

JENI DISCOUNT BEVER

3593, EMERSON ST.

JACKSONVILLE FL

32207 **U.S.A**

2a. Mailing Address

3593, EMERSON

STREE

JACKSONVILLE FL

32207 **U.S.A**

9. Name and Address of Current Registered Agent

**CHANDIRASEGAR, PATRICIA
2659 CLEAR CIRCLE N.
JACKSONVILLE FL 32207**

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

PATRICIA CHANDIRASEGAR

3/12/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CHANDIRASEGAR, PATRICIA**
STREET ADDRESS **2659 CLEAR CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☐ DELETE
NAME **CHANDIRASEGAR, S.**
STREET ADDRESS **2659 CLEAR CIRCLE N.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **S** ☐ DELETE
NAME **CHANDIRASEGAR, DOUGLAS**
STREET ADDRESS **2659 CLEAR CIRCLE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 hereby 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, with all other like empowered.

SIGNATURE:

P. Chandrasegar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

904-391-0096

Daytime Phone #

CR2E034 (1/98)