

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90217 034 ***150.00

DOCUMENT # P97000082140

1. Corporation Name
301 LIQUORS, INC.

Principal Place of Business

2309 NORTH TEMPLE
STARKE FL 32091

Mailing Address

2309 NORTH TEMPLE
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

59-3468955

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name KENNETH L. ANDREWS

82 Street Address (P.O. Box Number is Not Acceptable)
2309 NORTH TEMPLE AVE.

83

84 City STARKE

FL

85 Zip Code 32091

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

Ken Andrews

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ANDREWS, LISA C
STREET ADDRESS 2309 NORTH TEMPLE
CITY-ST-ZIP STARKE FL 32091

TITLE VSD ☒ DELETE
NAME CARVER, DOLORES
STREET ADDRESS 2309 NORTH TEMPLE
CITY-ST-ZIP STARKE FL 32091

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VSD ☒ Change ☐ Addition
1.2 NAME ANDREWS, LISA C
1.3 STREET ADDRESS 2309 NORTH TEMPLE AVE.
1.4 CITY-ST-ZIP STARKE FL 32091

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PTD ☐ Change ☒ Addition
3.2 NAME ANDREWS, KENNETH L.
3.3 STREET ADDRESS 2309 NORTH TEMPLE AVE.
3.4 CITY-ST-ZIP STARKE FL 32091

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:

Lisa Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Andrews 4-28-99 904-964-7286

Date

Daytime Phone #

CR2E034 (11/98)