


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90092 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098676

1. Corporation Name

PHOENIX WINES, INC.

Principal Place of Business

3209 PEACE PIPE DRIVE
KISSIMMEE FL 32741

Mailing Address

3209 PEACE PIPE DRIVE
KISSIMMEE FL 32741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3481434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$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 4734 S. KIRKMAN RD

2a. Mailing Address

28 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

28

Zip

24 32811

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCCULLOCH, RONALD L
3209 PEACE PIPE DRIVE
KISSIMMEE FL 32741

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCULLOCH, RONALD L	
STREET ADDRESS	3209 PEACE PIPE DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 32741	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCULLOCH, RONALD L	
1.3 STREET ADDRESS	3209 PEACE PIPE DRIVE	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 32741	

2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DREW HEVEM	
2.3 STREET ADDRESS	4099 FLORALWOOD CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 328	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)