

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000025867**

1. Corporation Name

**BURNT STORE DISCOUNT LIQUORS, INC.**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90013 017 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~457 PHILODENDREN~~ **3941 TAMiami** ~~457 PHILODENDREN~~ **3941 TAMiami TRAIL**  
**PUNTA GORDA FL 33955** **UNIT #3155** **PUNTA GORDA FL 33955**  
**33950** **33950**

2. Principal Place of Business 2a. Mailing Address  
21 **3941 TAMiami TRAIL** 26 **3941 TAMiami TRAIL**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **# 3155** 27 **# 3155**  
City & State City & State  
23 **PUNTA GORDA, FL** 28 **PUNTA GORDA, FL**  
Zip Country Zip Country  
24 **33950** 25 **U.S.** 29 **33950** 30 **U.S.**

3. Date Incorporated or Qualified  
**03/18/1998**  
4. FEI Number **65-0828578** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FOX, JAMES E JR**  
**547 457 PHILODENDREN**  
**PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

81 Name **JAMES E. FOX JR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**547 PHILODENDREN**  
83  
84 City **PUNTA GORDA** FL 85 Zip Code **33955**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FOX, JAMES E JR</b>	
STREET ADDRESS	<b>457 PHILODENDREN</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>	
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
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	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JAMES E. FOX JR</b>	
1.3 STREET ADDRESS	<b>547 PHILODENDREN</b>	
1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

4. 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.

SIGNATURE: **JAMES FOX JR** **7/1/99** **941-575-6066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)