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PROFIT CORPORATION ANNUAL REPORT
1999 (L)

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

DOCUMENT # P98000033186

1. Corporation Name
THE CABERNET GROUP, INC.

Principal Place of Business	Mailing Address
~~4300 ARIOLA DRIVE~~ ~~PENSACOLA BEACH FL 32561~~ 350 PENSACOLA BEACH BLVD #4 GULF BREEZE, FL. 32561	~~1203 ARIOLA DRIVE~~ ~~PENSACOLA BEACH FL 32561~~ P.O. BOX 721 GULF BREEZE, FL. 32562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) 350 PENSACOLA BEACH BLVD	2a. Mailing Address (26) P.O. BOX 721
Suite, Apt. #, etc. (22) #4	Suite, Apt. #, etc. (27)
City & State (23) GULF BREEZE, FL.	City & State (28) GULF BREEZE
Zip (24) 32561 Country (25)	Zip (29) 32562 Country (30)

3. Date Incorporated or Qualified: 04/09/1998
4. FEI Number: 59-3511312 ☐ 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

9. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
4300 BAYOU BLVD.
SUITES 12 & 13
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

(81) Name: APRIL HARGROVE
(82) Street Address (P.O. Box Number is Not Acceptable): 500 MALDONADO DRIVE
(83)
(84) City: PENSACOLA BEACH FL (85) Zip Code: 32561

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: April Hargrove (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	COPPER, JANE		1.2 NAME	APRIL HARGROVE	
STREET ADDRESS	1203 ARIOLA DRIVE		1.3 STREET ADDRESS	500 MALDONADO DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		1.4 CITY-ST-ZIP	PENSACOLA BEACH, FL. 32561	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: April Hargrove APRIL D HARGROVE 4/21/99 850-934-3417
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)