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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S06836

(8)

BURNT STORE LIQUOR INC.

FILED										
Feb 24 1997 8:00am	l									
Secretary of State										

Principal Plac 3941 TAMIAMI SUITE #3155 PUNTA GORDA	Mailing Address 3941 TAMIAMI TRA SUITE #3155 PUNTA GORDA FL	AI TRAIL							
US		U\$				3. Date Incorporated or 0 10/08/1990	lualified	3a. Date of Last F 05/01/1996	leport
2. Principal f	face of Business	2a. Mailing Addre	SS			4. FEI Number 65-0217377		<del></del>	oplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status De	sired [	4	Additional equired
City & Stat	te	City & State				6. Election Campaign Fin Trust Fund Contribution		_ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	May Be to Fees
Zip 24	Country 25	Zip	30	Country		8. This corporation has list		ingible tax under s	
[24]	9. Name and Address of Curr		30			10. Name and Address o			
DUID		cit ricgistored Agent		B1	Name	IV. (Millo dila Padisos o			
	rows, clyde A. 4 oak hill drive				1101110	_			
	SOTA FL 34232			62	Street A	Address (P.O. Box Number is Not	Acceptable)		
SAN	13014 FL 34232			63	.,	<del></del>			
				84	City			FL 85 Zip	Code
I office or	to the provisions of Sections 607.0 registered agent, or both, in the Statem familiar with, and accept the ob-	ite of Florida. Such chang ligations of, Section 607.0	ge was author 9505, Florida S	ized by Statutes	the corp	corporation submits this statemen oration's board of directors. I have required when reinstaling)	eby accept th	pose of changing the appointment as	ts registered registered
12.		ND DIRECTORS	1	3.		ADDITIONS/CHANGES	TO OFFICE	RS AND DIRECTO	RS IN 12
THE	PVST	☐ OFt	ETE 1	.1 TITLE		- H-144-PA		Change	Addition
NAME	CLYDE A. BURROWS		1,	.2 NAME	ŀ				
STREET ADDRESS	4734 OAK HILL DRIVE		1	3 STREET	ADDRESS				
CITY - ST - ZIP	SARASOTA FL		1	.4 CITY-S	I-ZIP				
TITLE		DEL	EYE 2	1 TITLE				☐ Change	Addition
NAME			2	2 NAME					
STREET ADDRESS			?	.3 STREET	ADDRESS		•		
City - St - ZIP			2	. 4 CITY-5	ST-ZIP				
TITLE		☐ D£I	ETE 3	.1 TITLE				☐ Change	Addition
NAME			3	.2 NAME					
STREET ADDRESS			3	.3 STREET	ADDRESS				
CITY-ST-ZIP			3	.4. CITY-5	ST-ZIP				
TITLE		☐ DEL		.1 1111.8				Change	Addition
NAME			4	. 2 NAME					
STREET ADORESS			4	.3 STREET	ADDRESS				
CITY - \$1 - 201			4	.4 CITY - S	T - ZIP				

14. If do 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 chapted, or on an attachment with an address.

51 TITLE

52 NAME

61 TITLE

62 NAME 63 STREET ADDRESS

**53 STREET ADDRESS** 

54 CITY-ST-ZIP

SIGNATURE:

HIBLE

MALIE

THILE NAME

STREET ADDRESS

STREET ADDRESS CHTY+ST-ZiP

CITY-ST-ZIP

NATURE AND THE DEPOSIT OF NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/18/97 (941)575-6066

Change

Change

Addition

Addition