

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 # **S74932**

1. Corporation Name

**J & N LIQUOR, INC.**

Principal Place of Business

**3511-13 UNIVERSAL PLAZA DRIVE  
NEW PORT RICHEY FL 34652**

Mailing Address

**3511-13 UNIVERSAL PLAZA DRIVE  
NEW PORT RICHEY FL 34652**

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90002 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1991**

4. FEI Number

**59-3083783**

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.

☐ Yes ☐ No

2. Principal Place of Business

**21. J & N Liquor**

2a. Mailing Address

**26. J & N Liquor**

Suite, Apt. #, etc.

**22. 6111 State Road 54**

Suite, Apt. #, etc.

**27. 6111 State Road 54**

City & State

**23. New Port Richey, FL**

City & State

**28. New Port Richey, FL**

Zip

**24. 34653-6004**

Country

Zip

**29. 34653-6004**

Country

**USA**

9. Name and Address of Current Registered Agent

**WOLF, JOSEPH  
9915 WINDTREE BLVD.  
SEMINOLE FL 34642**

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 **P** ☒ DELETE

NAME **WOLF, JOSEPH**  
STREET ADDRESS **3511-13 UNIVERSAL PLZ DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VP** ☐ DELETE

NAME **WOLF, NICHOLAS**  
STREET ADDRESS **3511-13 UNIVERSAL PLZ DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **T** ☒ DELETE

NAME **WOLF, INGEBORG**  
STREET ADDRESS **3511-13 UNIVERSAL PLZ DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ DELETE

NAME **WOLF, CAROL ANN**  
STREET ADDRESS **3511-13 UNIVERSAL PLZ DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

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 **President** ☒ Change ☐ Addition

1.2 NAME **Nicholas Wolf**

1.3 STREET ADDRESS **6111 State Road 54**

1.4 CITY-ST-ZIP **New Port Richey FL 34653-6004**

2.1 TITLE **VP-T. S.** ☒ Change ☐ Addition

2.2 NAME **CAROL ANN WOLF**

2.3 STREET ADDRESS **6111 State Road 54**

2.4 CITY-ST-ZIP **New Port Richey FL 34653-6004**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

**NICHOLAS WOLF**

**7/14/99 5846228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

106690

S74932  
594964-90002-20

**July 15, 1999**

**Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500**

**I am once again submitting Document S74932, along with my check for \$150.00, covering this fee. This information and check was sent to you in May. If you do indeed locate this document and check, please return check.**

**Also, please note change of address:  
J & N Liquors  
6111 State Road 54  
New Port Richey, FL 34653-6004**

**Thank you.**



**Nicholas Wolf  
J & N Liquors  
dba Bray's Liquor Store**