FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT . CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

SHIRLEY'S BEVERAGE CASILE, INC.					
Principal Place of Business 1170 PIPKIN ROAD LAKELAND FL 33803	Mailing Address 1170 PIPKIN ROAD LAKELAND FL 33803	1170 PIPKIN ROAD			
			Date Incorporated or Qualified 01/07/1992	3a. Date of Last Report 05/01/1995	
Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3095136	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Gity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33 8 11 Country 25	29 ZP 33811	Country 30		s 🗌 No	
9. Name and Address of C	Current Registered Agent		10. Name and Address of New	Registered Agent	
W. C. KEITH LGS ACCOUNTING 1517 COMMERCIAL PARK DRIVE LAKELAND FL 33301		82 Street Addi	ress (P.O. Box Number is Not Accents 48 SW 115		
11. Pursuant to the provisions of Sections 60:	nt Florida. Such chande was author	ites, the above named corporated by the corporation's boa	oration submits this statement for the pard of directors. Thereby accept the ap	urpose of changing its registered office ipointment as registered agent. I am	
familiar with, and accept the obligations of	f, Section 607.0505, Florida Statuti	es. Vinte Bug value Agent signal to nigue		4/23/86	
Signature, by edioxiprimed national register	STAND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
12. OFFICER	DELETE	1 1 TiTLE		Change 🛣 Addition	
MATEER, SHIRLEY	_	1.2 NAME		•	
STREET ADDRESS 3818 COVEY COURT		L3 STREET ADDRESS		20510	
CITY-ST-ZIP LAKELAND FL		- 1.4 CITY - ST - ZIP		<i>3</i> 38/3	
TITLE	DELETE	2 1 UTLE		Change Addition	
NAME		2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY - \$1-7IP		Change El Addition	
TIFLE	DELETE	3 A TITLE =		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST-7IP	ED DELETE	3.4 CiTY+ST-ZiP		Change Addition	
TITLE	☐ DELETÉ	4 1 TITLE 42 NAME			
NAME					
STREET ADDRESS		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
City St-2iP	DELETE	5 LTIFLE	- 3000016 -05/20/960	Change Addition	
TITLE		5.2 NAME	-05/20/960	1032013	
NAME		53 STREET ADDRESS	***200.00		
STREET ACCRESS		5.4 City - St - ZiP			
CITY - ST - ZIP	DELETE	6 1 TITLE		Change Addition	
		6 2 NAME			
NAME STREET ADDRESS		63 STREET ADDRESS			
C.T., CT. TID		6.4 C(1 Y - ST - 7)P			
City-St-ZiP 14. I do hereby certify that the information so	ipplied with this filing is voluntarily f	urnished and does not qualify	for the exemption stated in Section 1	19.07(3)(k). 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 or an attachment with an address

huly L Mater Shirty L Mater Pres. 3/2/96
IGNATURE PROPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR