**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 6-18-96 B-69978 C

DOCUMENT # V41391 (6)

1. Corporation Name

VILLAGE WINE & CHEESE STORE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1035 PARK STREET<br>JACKSONVILLE FL 32204 | 1035 PARK STREET<br>JACKSONVILLE FL 32204 |

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 05/11/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3133800 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KINCAID, KELLY A
1035 PARK STREET
JACKSONVILLE FL 32204

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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | KINCAID, DONALD V | |
| STREET ADDRESS | 1035 PARK STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | V | ☐ DELETE |
| NAME | KINCAID, MAUREEN E | |
| STREET ADDRESS | 1035 PARK STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | S | ☐ DELETE |
| NAME | VOYTECEK, KELLY A. | |
| STREET ADDRESS | 1035 PARK STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | T | ☐ DELETE |
| NAME | JACKSON, KRISTEN | |
| STREET ADDRESS | 1035 PARK STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| 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 | Director | ☐ Change ☒ Addition |
| 1.2 NAME | Barry M. Voytecek | |
| 1.3 STREET ADDRESS | 1035 Park St | |
| 1.4 CITY-ST-ZIP | JAX FL 32204 | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 | | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Kelly A Voytecek 6-12-96 356-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Kelly A Voytecek (S)