SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V41391

(6)

VILLAGE WINE & CHEESE STORE, INC.

FILED
Sep 24 1998 8:00am
Secretary of State



Principal Plac					,	1 1901/1 8/101/1 8/101/1 /////// ///////////	618 61841 19181, 31841 19181, 19181, 18184	
r imolpori rac	e of Business	M	alling Address			t today direct pages rades state (dife) subs.	eieri asâit aidir eisti diesi tidii iadi	
1005 PARK STREET 1005 PARK STREET						f		
JACKSONVILLE FL 32204			JACKSONVILLE FL 32204			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified		
						06/02/1992		
2. Principal P	Place of Business	28.	. Mailing Address			4. FEI Number	Applied For	
4		26	26			59-3133800	Not Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
2		27	······································				Fee Required	
City & Stat	le		City & State			6. Election Campaign Financing	\$5.00 May Be	
:3} 7:-	Country	28	7in			Trust Fund Contribution	Added to Fees	
Zip	Country	-	Zip	Cou	ilitry	8. This corporation owes or has paid the	Yes No	
4	25 9. Name and Address of Curren	t Regis	Jered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registe		
KING		r regio	Mereo Agent		81 Name	to: Hattle diff Adoless of New Magiste	ied Main	
KINCAID, KELLY A 1035 PARK STREET					L		·,	
JACKSONVILLE FL 32204					82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
UMU	MODIFICAL FL SEEDS				83			
							· · · · · · · · · · · · · · · · · · ·	
					84 City		FL 85 Zip Code	
11. Pursuani	to the provisions of sections 607 0500	2 and 60	07.1508 Florida Statute	es the ab	ove-naméd con	poration submits this statement for the purpose	· — — — — — — — — — — — — — — — — — — —	
office or	registered agent, or both, in the State	of Flori	da. Such change was	authorized	d by the corpor	ation's board of directors. I hereby accept the a	ppointment as registered	
	am familiar with, and accept the obliga	ations o	1, section 607.0505, FI	orida Stat	utes.			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title	If applicable. (N	OTE: Registe	red Agent signature	required when reinstaling) DA	YE.	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD		DELETE	1,1 TI	ILE		Change Addition	
NAME	VOYTECEK, BARRY M		(1.2 NA	ME			
STREET ADDRESS	1035 PARK STREET			1.3 ST	REET ADDRESS			
	1035 PARK STREET JACKSONVILLE FL				REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP	i	· · · · · · · · · · · · · · · · · · ·	DELETE		TY-ST-ZIP		Change Addition	
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	1.4 CI	TY-ST-ZIP		Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL V		DELETE	1,4 Cf 2,1 Til 2,2 NA	TY-ST-ZIP		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS	JACKSONVILLE FL V KINCAID, MAUREEN E		☐ DELETE	2.1 TIT 2.2 NA 2.3 STI	TY-ST-ZIP TLE JME		Change Addition	
CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET		DELETE	2.1 TIT 2.2 NA 2.3 STI	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET			1.4 Cf 2.1 Til 2.2 NA 2.3 STI 2.4 Cfl	TY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP CLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S	***************************************		1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CII 3.1 TII 3.2 NA	TY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP CLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 \$ VOYTECEK, KELLY A.			1.4 Cf 2.1 Til 2.2 NA 2.3 STI 2.4 Cf 3.1 Til 3.2 NA 3.3 STI	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME			
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 \$ VOYTECEK, KELLY A. 1035 PARK STREET			1.4 Cf 2.1 Til 2.2 NA 2.3 STI 2.4 Cf 3.1 Til 3.2 NA 3.3 STI	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP			
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 \$ VOYTECEK, KELLY A. 1035 PARK STREET		DELETE	1.4 Cf 2.1 Til 2.2 NA 2.3 STI 2.4 Cf 3.1 Til 3.2 NA 3.3 STI 3.4 Cf	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE ME REET ADDRESS IY-ST-ZIP LE		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T		DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIV 4.2 NA	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE ME REET ADDRESS IY-ST-ZIP LE		Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN		DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CII 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP		Change Addition Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE	1.4 C/1 T1/1 2.2 NA 2.3 ST/1 2.4 C/1 3.1 T1/1 3.2 NA 3.3 ST/1 3.4 C/1 4.1 T1/1 4.2 NA 4.3 ST/1 4.4 C/1	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE		Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE		Change Addition Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	TY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME MME MME		Change Addition Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	TY-ST-ZIP TLE MME REET ADDRESS		Change Addition Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CF	TY-ST-ZIP TLE MME REET ADDRESS		Change Addition Change Addition Change Addition	
CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 6.4 CF 6.1 TII 6.2 NA	TY-ST-ZIP TLE MME REET ADDRESS		Change Addition Change Addition Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL V KINCAID, MAUREEN E 1035 PARK STREET JACKSONVILLE FL 32204 S VOYTECEK, KELLY A. 1035 PARK STREET JACKSONVILLE FL T JACKSON, KRISTEN 1035 PARK STREET		DELETE DELETE DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 6.1 TII 6.2 NA 6.3 ST	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME		Change Addition Change Addition Change Addition	

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.

IGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF SIGNAT