

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:15

DOCUMENT # V49588

(9)

1. Corporation Name

PRESS BOX LIQUORS, INC.

Principal Place of Business

4109 LAND O'LAKES BLVD
LAND O'LAKES FL 33539

Mailing Address

4109 LAND O'LAKES BLVD
LAND O'LAKES FL 33539

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1992

3a. Date of Last Report

06/10/1994

4. FEI Number

59-3132269

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

GLASGOW, HARVEY
4109 LAND O'LAKES BLVD
LAND O'LAKES FL 33539

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORETTINI, FRANK J
STREET ADDRESS	3424 FOREST BRIDGE CIR
CITY - ST - ZIP	BRANDON FL
TITLE	STD
NAME	GLASGOW, HARVEY
STREET ADDRESS	4109 LAND O'LAKES BLVD
CITY - ST - ZIP	LAND O'LAKES FL
TITLE	VD
NAME	LAWSON, FRANK
STREET ADDRESS	4109 LAND O'LAKES BLVD
CITY - ST - ZIP	LAND O'LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	HARVEY Glasgow	
1.3 STREET ADDRESS	4109 Land O' Lakes Blvd	
1.4 CITY - ST - ZIP	Land O' Lakes FL 34639	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	HARVEY Glasgow	
3.3 STREET ADDRESS	4109 Land O' Lakes Blvd	
3.4 CITY - ST - ZIP	Land O' Lakes FL 34639	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Harvey C. Glasgow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/95

Date

813 996-5686

Telephone Number