

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59720** (5)

1. Corporation Name

PASSPORTS SAMPLERS & SPIRITS, INC.



Principal Place of Business

Mailing Address

~~400 CLEVELAND STREET~~
~~8TH FLOOR~~
~~CLEARWATER FL 34615~~

~~400 CLEVELAND STREET~~
~~8TH FLOOR~~
~~CLEARWATER FL 34615~~

2. Principal Place of Business

2a. Mailing Address

21 **624 SNUG ISLAND**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

CLEARWATER FL

29 City & State

24 Zip

25 Country

30 Zip

31 Country

34630

USA

32

33

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NASH, THOMAS G II~~
~~400 CLEVELAND STREET~~
~~8TH FLOOR~~
~~CLEARWATER FL 34615~~

81 Name

THOMAS McMULLEN

82 Street Address (P.O. Box Number is Not Acceptable)

624 SNUG ISLAND

83

84 City

CLEARWATER

FL

85 Zip Code

34630

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

Thomas G. II

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **MCMULLEN, THOMAS**
CITY - ST - ZIP **624 SNUG ISLAND**
CLEARWATER FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PRES**
1.3 STREET ADDRESS **MCMULLEN, THOMAS**
1.4 CITY - ST - ZIP **624 SNUG ISLAND**
CLEARWATER, FL 34630

TITLE ☐ DELETE
NAME ~~**BYINGTON, CHARLES KEITH**~~
STREET ADDRESS ~~**1328 DOROTHY DRIVE**~~
CITY - ST - ZIP ~~**CLEARWATER FL**~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)