

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034428

Entity Name: JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA**Current Principal Place of Business:**4520 S CHURCH AVE.
TAMPA, FL 33611**Current Mailing Address:**PO BOX 13489
TAMPA, FL 33681 US**FEI Number:** 59-3188427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, JIM JR
4520 S CHURCH AVE
TAMPA, FL 33611 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	JOHNSON, LYNN
Address	1999 SHERPARD ROAD
City-State-Zip:	SAINT PAUL MN 55116

Title	V
Name	JOHNSON, MICHAEL
Address	1999 SHERPARD ROAD
City-State-Zip:	SAINT PAUL MN 55116

Title	S
Name	GARCIA, JIM JR
Address	4520 S CHURCH AVE
City-State-Zip:	TAMPA FL 33611

Title	D
Name	BELSAAS, SCOTT
Address	1999 SHERPARD ROAD
City-State-Zip:	SAINT PAUL MN 55116

Title	S
Name	KAUFFMAN, ESTHER
Address	1999 SHERPARD ROAD
City-State-Zip:	SAINT PAUL MN 55116

Title	P
Name	GALANTE, FRANK
Address	4520 S CHURCH AVE
City-State-Zip:	TAMPA FL 33611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT BELSAAS**DIRECTOR****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date