

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214515886

1.) CORPORATION NAME:

HOFFMAN BEVERAGE COMPANY, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ROBIN D. RAY

**5400 VIRGINIA BEACH BOULEVARD
VIRGINIA BEACH, VA**

SCC ID NO: **02422806**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 15,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5465 GREENWICH RD

CITY/ST/ZIP: VA BEACH, VA 23462

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|--------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | BRIAN S BURGESS | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 2429 BROAD BAY RD | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451 | | |

| | | | |
|-----------------|--------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KATHERINE HINES | | |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 1001 DITCHLEY RD | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451 | | |

| | | | |
|-----------------|--------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROBIN D RAY | | |
| TITLE: | CHMN BD | | |
| ADDRESS: | 5400 VIRGINIA BEACH BLVD | | |
| CITY/ST/ZIP/CO: | VA BEACH, VA 23462 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROBERT DAVID STILES, JR | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 244 E TENNANT CIRCLE | | |
| CITY/ST/ZIP/CO: | CHICKAMAUGA, GA 30707-1611 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | KATHERINE HINES | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 1001 DITCHLEY RD | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | KATHERINE HINES | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 1001 DITCHLEY | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|----------------------------------|-----------|
| /s/ ROBIN D RAY | ROBIN D RAY, CHMN BD | 3/26/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |