PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 235210

1. Corporation Name
ANHEUSER-BUSCH FLORIDA INVESTMENT CAPITAL CORPOR ATION

Principal Place of Business	Mailing Address
75 WEST HOLDEN AVE ORLANDO FL 32839-2003 US	75 WEST HOLDEN AVE. ORLANDO FL 32839-2003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 One Busch Place	3. Date Incorporated or Qualifed 04/07/1960	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Corporate Tax Dept.	4. FEI Number 59-0900847	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 St. Louis, MO 63118	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REITHER, KENNETH W		1.2 NAME	
STREET ADDRESS	ONE BUSCH PL		1.3 STREET ADDRESS	Schedule Attached
CITY-ST-ZIP	ST LOUIS MO 63118		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, LAURA H		2.2 NAME	
STREET ADDRESS	ONE BUSCH PL		2.3 STREET ADDRESS	100000285963 1 -- 8
CITY-ST-ZIP	ST LOUIS MO 63118		2.4 CITY-ST-ZIP	-04/30/99--01148--001
TITLE	VPAS	☐ DELETE	3.1 TITLE	***2850.00 ☐ Change ***8750.00
NAME	HAMILTON, JOHN L		3.2 NAME	
STREET ADDRESS	ONE BUSCH PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63118		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KIMMINS, WILLIAM J JR		4.2 NAME	
STREET ADDRESS	ONE BUSCH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63118		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAUERHOFF, DAVID C		5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63118		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASTAGNO, JOHN D		6.2 NAME	
STREET ADDRESS	ONE BUSCH PL		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63118		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/28/99 314/577-2359
John D Castagno's Tax Controller
Date Daytime Phone #

CR2E034 (11/98)