

**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 # **369295** (1)  
1. Corporation Name  
**DREW SPIRITS, INC.**



Principal Place of Business: **1745 DREW STREET CLEARWATER FL 34615**  
Mailing Address: **1745 DREW STREET CLEARWATER FL 34615**

3. Date Incorporated or Qualified: **09/03/1970**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1304595**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**HENRY A. MUDLER JR.  
365 STRATHMORE AVE  
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent  
81. Name: **Henry A Mueller Jr.**  
82. Street Address (P.O. Box Number is Not Acceptable): **365 Strathmore Ave.**  
83. City: **Oldsmar** FL 85. Zip Code: **34677**

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: *Henry A. Mueller Jr.* DATE: **4-30-96**

12. OFFICERS AND DIRECTORS

|                 |                        |  |
|-----------------|------------------------|--|
| TITLE           | SD                     | <input type="checkbox"/> DELETE            |
| NAME            | MUELLER, ANTHONY PARKE |  |
| STREET ADDRESS  | 365 STRATHMORE AVE     |  |
| CITY - ST - ZIP | OLDSMAR FL             |  |
| TITLE           | PTD                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | MUELLER, PAMELA        |  |
| STREET ADDRESS  | 365 STRATHMORE AVE.    |  |
| CITY - ST - ZIP | OLDSMAR FL             |  |
| TITLE           | D                      | <input type="checkbox"/> DELETE            |
| NAME            | MUELLER, HENRY A. JR.  |  |
| STREET ADDRESS  | 365 STRATHMORE AVE.    |  |
| CITY - ST - ZIP | OLDSMAR FL             |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> DELETE            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |  |
|--------------------|--|--|
| 11 TITLE           | <i>Vice President - Secretary - Director</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | <i>Anthony R Mueller</i>                     |  |
| 13 STREET ADDRESS  | <i>365 Strathmore Ave</i>                    |  |
| 14 CITY - ST - ZIP | <i>Oldsmar FL</i>                            |  |
| 21 TITLE           | <i>Director</i>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | <i>TAMARA K. PARKE</i>                       |  |
| 23 STREET ADDRESS  | <i>415 Richards</i>                          |  |
| 24 CITY - ST - ZIP | <i>Clearwater FLA. 34615</i>                 |  |
| 31 TITLE           | <i>President - Treasurer - Director</i>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | <i>Henry A. Mueller Jr.</i>                  |  |
| 33 STREET ADDRESS  | <i>365 Strathmore Ave</i>                    |  |
| 34 CITY - ST - ZIP | <i>Oldsmar FLA.</i>                          |  |
| 41 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |  |  |
| 43 STREET ADDRESS  |  |  |
| 44 CITY - ST - ZIP |  |  |
| 51 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |  |
| 53 STREET ADDRESS  |  |  |
| 54 CITY - ST - ZIP |  |  |
| 61 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |  |
| 63 STREET ADDRESS  |  |  |
| 64 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: *Henry A. Mueller Jr.* Henry A. Mueller Jr. DATE: **4-30-96** 447-1944

CR2E034 (12/95)