

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

APR 29 AM 9:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000001694

1. Corporation Name
**ANHEUSER-BUSCH WHOLESALER DEVELOPMENT CORPORATIO
 N III**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ONE BUSCH PL. ST. LOUIS MO 63118
CORPORATE TAX DEPT. ONE BUSCH PLACE ST. LOUIS MO 63118 US

3. Date Incorporated or Qualified
04/07/1995

4. FEI Number **43-1599263** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 DELETE

TITLE	P
NAME	HOFFMEISTER, JAMES F
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118
TITLE	VI
NAME	SANDISON, BRUCE M
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118
TITLE	S
NAME	REEVES, LAURA H
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118
TITLE	AS
NAME	WELSCH, DAVID C
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118
TITLE	AT
NAME	SHORT, ANTHONY J
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118
TITLE	C
NAME	WUNDERLICH, ALBERT R
STREET ADDRESS	ONE BUSCH PL.
CITY-ST-ZIP	ST. LOUIS MO 63118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Schedule Attached

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 ***PASA.00 ***150

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: *John D. Castagno* SIGNATURE REQUIRED **John D. Castagno**, 1/28/99 314/577-2359
 Tax Controller Date Phone #

CR2E034 (4/7/98)