

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 21 1997 8:00am  
Secretary of State

DOCUMENT # P93000032982 (9)

1. Corporation Name

RIVER CITY BREWING COMPANY

Principal Place of Business

835 MUSEUM CIRCLE  
JACKSONVILLE FL 32202  
US

Mailing Address

835 MUSEUM CIRCLE  
JACKSONVILLE FL 32207-8003  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
05/05/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3196451

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

9. Name and Address of Current Registered Agent

F&L CORP  
200 LAURA ST  
JACKSONVILLE FL 32202

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | D                              | DELETE                          |
| NAME           | LEE, JEFFREY J.                |                                 |
| STREET ADDRESS | 20 COMMERCE DRIVE, SUITE 128   |                                 |
| CITY-ST-ZIP    | CRANFORD NJ                    |                                 |
| TITLE          | D                              | DELETE                          |
| NAME           | LEE, JIM G.                    |                                 |
| STREET ADDRESS | 20 COMMERCE DRIVE, SUITE 128   |                                 |
| CITY-ST-ZIP    | CRANFORD NJ                    |                                 |
| TITLE          | <del>V ANTHONY CANDELINO</del> | <input type="checkbox"/> DELETE |
| NAME           | <del>13700 SUTTON PLACE</del>  |                                 |
| STREET ADDRESS | <del>#824</del>                |                                 |
| CITY-ST-ZIP    | <del>JACKSONVILLE, FL</del>    |                                 |
| TITLE          | <del>P EUGENE VAN NOTE</del>   | <input type="checkbox"/> DELETE |
| NAME           | <del>200 COMMERCE DR</del>     |                                 |
| STREET ADDRESS | <del>#800</del>                |                                 |
| CITY-ST-ZIP    | <del>CRANFORD, NJ 07016</del>  |                                 |
| 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

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | V                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ANTHONY CANDELINO       |  |
| 1.3 STREET ADDRESS | 13700 SUTTON PLACE      |  |
| 1.4 CITY-ST-ZIP    | #824 JACKSONVILLE, FL   |  |
| 2.1 TITLE          | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | EUGENE VAN NOTE         |  |
| 2.3 STREET ADDRESS | 20 COMMERCE DR          |  |
| 2.4 CITY-ST-ZIP    | #800 CRANFORD, NJ 07016 |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/97 (904) 398-2299  
Date Daytime Phone

0031847

CR2E034 (9/96)