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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

P93000032982 (9)

RIVER CITY BREWING COMPANY

Principal Place of Business Mailing Address 835 MUSEUM CIRCLE 835 MUSEAUM CIRCLE JACKSONVILLE FL 32202 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3196451 21 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **F&L CORP** 200 LAURA ST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 City 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, typed or printed name of migistered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE ANDELINO, A 1537 NOTTINGHAM KNOW DR CANDELINO, ANTHONY NAME 12 NAME 13700 SUTTON PLAVE #824 STREET ADDRESS 1.3 STREET ADDRESS JACKGONVILLE, FL 32225 JACKSONVILLE FL 1.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VAN NOTE, EUGENE NAME 2.2 NAME 20 COMMERCE DR #200 STREET ADDRESS 2.3 STREET ADDRESS CRANFORD NJ CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not a indicated on this annual report or supplemental annual report is true officer or director of the collocation of the receiver or truetee employed Block 12 or Block 13 if changed, as on an attachment with an address. guelity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

FILED Mar 31 1998 8:00am Secretary of State

