

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000057776 (5)**

1. Corporation Name
THE LITTLE BROWN JUG, INC.



Principal Place of Business
**6351 BAYSHORE RD.
NORTH FT. MYERS FL 33917**

Mailing Address
**18900 N TAMiami TR
SUITE 14
NORTH FT. MYERS FL 33903
US**

3. Date Incorporated or Qualified 08/13/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0937378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 18900 N Tamiami Tr	26 18900 N Tamiami Tr
Suite, Apt. #, etc	Suite, Apt. #, etc
22 Suite # 14	27 Suite 14
City & State	City & State
23 North Ft Myers Fl	28 North Ft Myers Fl
Zip	Zip
24 33903	29 33903
Country	Country
25 USA	30 US

9. Name and Address of Current Registered Agent

**CONWAY, THOMAS J JR
1950 PINE AVE
STE - 30
ALVA FL 33920**

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 607.0102 and 607.1508, Florida Statutes, the above named corporation/subsidiary has 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 607.0105, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CONWAY, THOMAS J JR	1.2 NAME	
STREET ADDRESS	6351 BAYSHORE RD / STE - 30	1.3 STREET ADDRESS	18900 N Tamiami Tr # A-14
CITY-ST-ZIP	NORTH FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CONWAY, ZELASTEEN	2.2 NAME	
STREET ADDRESS	6351 BAYSHORE RD / STE - 30	2.3 STREET ADDRESS	18900 N Tamiami Tr. # A-14
CITY-ST-ZIP	NORTH FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CONWAY, THOMAS III	3.2 NAME	
STREET ADDRESS	6351 BAYSHORE RD / STE - 30	3.3 STREET ADDRESS	18900 N Tamiami Tr # A-14
CITY-ST-ZIP	NORTH FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J Conway Jr. 3-25-96 941-543-6740
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (12/95)