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	William CMalone, IV								
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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 13, 1996

WILLIAM C. MALONE, IV 827 MENENDEZ COURT ORLANDO, FL 32801

SUBJECT: FACTORY ALE BREWED EXCLUSIVELY FOR THE FIREWORKS

**FACTORY** 

4

Ref. Number: W96000005447

We have received your document for FACTORY ALE BREWED EXCLUSIVELY FOR THE FIREWORKS FACTORY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) 32 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 32.

Your mark contains word(s)/design(s) that must have a disclaimer. geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following: ALE & BREWED

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 196A00011029

Florida Department of State, Sandra B. Mortham, Secretary of State

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Name & address to whom acknowledgement should be sent:  William C. Malone IV P. A.
		827 Menendez Court
		Orlando, Florida 32801
		(407- ) 423-4040
		Daytime Telephone number
	Beach Bres	PARTI wing Company, Inc.
1. (a) Applica	ac 3 mano,	
(b) Applicar	nt's business address:	5905 S. Kirkman Road
	(	Orlando, Florida 32819
		City/State/Zip
(c) Applican	t's telephone number: (407	) 345-8802
Individual	Corporation	Joint Venture Other:
General Par If other than an	rtnership Limited Partnershindividual	hip Union III □
	stration number: V 14739	
	oloyer Identification Number:	· · · · · · · · · · · · · · · · · · ·
2.(a) If the mar (i.e., furni	k to be registered is a service ma ture moving services, diaper serv	ark, the services in connection with which the mark is used: vices, house painting services, etc.)
<del></del>		
(b) If the mark (i.e., ladie	to be registered is a trademark, s sportswear, car food, barbecue	the goods in connection with which the mark is used:
	Ale	-
(c) The mode or	manner in which the mark is use	ed:(i.e., labels, decals, newspaper advertisements,brochures, etc.)
	Label	( ), seems, decompage advertisements, proclinics, etc.)
	-	
'R2E014(3/95)		(Continued)
(0.20)		42

. (d) The class(e) in which	h goods or services fall: মুম্ব 32
(a) Date first used anyw	applicant, predecessor, or a related company(must include month, day and year): here: November 3, 1994 (b) Date first used in Floridalovember 3, 1994  PART III ered is: (If logo/design is included, please give brief written description which less.)
Factory Ale	Brewed Exclusively for the Fireworks Factory
2. DISCLAIMER (if app NO CLAIM IS MADE T	licable) O THE EXCLUSIVE RIGHT TO USE THE TERM "
ALE BREWED	
Angela Ranson  I,  authorized to sign on behalf of the	
In Florida either in the identic this affidavit and verification thereof and that the facts state	, being sworn, depose and say that I am the owner and the applicant herein, or that I am the owner and applicant herein, and no other person except a related company has the right to use such mark all form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make an my/the applicant's behalf. I further acknowledge that I have read the application and know the contents I herein are true and correct.
	Angela Ranson Smith
	Applicant's signature or authorized person's signature  (List name and title)
STATE OF _ Florida	(List name and title)
COUNTY OF Orange	
F¶ ₩	gela Ranson Smith  19 90, Progra Smith personally ho is personally known to me hose identity I proved on the basis of
·	JANES PALL My Commission CC374757 Expires May, 22, 1998  Notary Public Signature  Notary's Printed Name
Seal	My Commission Expires: 5 379

FEE: \$87.50 per class

