

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000000751 (8)

1. Corporation Name

MATT BREWING CO., INC.



Principal Place of Business

811 EDWARD ST.  
UTICA NY 13502

Mailing Address

811 EDWARD ST.  
UTICA NY 13502

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

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

01/25/1995

4. FEI Number

16-1343083

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

MUTH, GORDON  
624 FLAMINGO DR.  
UNIT 212  
VENICE FL 34285

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MATT, FRANCIS X II	
STREET ADDRESS	130 PARIS ROAD	
CITY-STATE-ZIP	NEW HARTFORD NY 13413	
TITLE	DVCP	<input type="checkbox"/> DELETE
NAME	MATT, NICHOLAS O	
STREET ADDRESS	36 JORDAN RD.	
CITY-STATE-ZIP	NEW HARTFORD NY 13413	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATT, WALTER J	
STREET ADDRESS	8 SOLDIER'S PLACE	
CITY-STATE-ZIP	BUFFALO NY 14222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATT, J. KEMPER	
STREET ADDRESS	5 MEADOW LANE	
CITY-STATE-ZIP	FAYETTEVILLE NY 13066	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATT, FRANCIS X II	
STREET ADDRESS	130 PARIS RD.	
CITY-STATE-ZIP	NEW HARTFORD NY 13413	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATT, NICHOLAS O	
STREET ADDRESS	36 JORDAN RD.	
CITY-STATE-ZIP	NEW HARTFORD NY 13413	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96

Date

(315) 732-8181

Daytime Phone #

CR2E034 (12/95)