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Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004598 (7)

1. Corporation Name

TAMPA BAY B.E.E.R.S. (BREWING ENTHUSIASTS ENJOY!
NG REAL SUDS, INC.

Principal Place of Business

Mailing Address

9805 THORNRIE ROAD
TAMPA FL 336129805 THORNRIE ROAD
TAMPA FL 33612-75243. Date Incorporated or Qualified
09/26/19953a. Date of Last Report
05/01/1996

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

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, WILLIAM L
9805 THORNRIE ROAD
TAMPA FL 33612

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JENKINS, WILLIAM L
STREET ADDRESS 9805 THORNRIE ROAD
CITY-ST-ZIP TAMPA FL 336121.1 TITLE D
1.2 NAME TERRI KIGHT
1.3 STREET ADDRESS 14802 N. FLORIDA AV., Apt # R281
1.4 CITY-ST-ZIP TAMPA, FL 33613TITLE D
NAME STOBBER, MARK
STREET ADDRESS 14647 PINE GLEN CIRCLE
CITY-ST-ZIP LUTZ FL 335492.1 TITLE D
2.2 NAME KAREN HAHN
2.3 STREET ADDRESS 6008 OTIS AVE.
2.4 CITY-ST-ZIP TAMPA, FL 33604TITLE D
NAME GLADISH, JEFFREY
STREET ADDRESS 1307 EAST FLORA
CITY-ST-ZIP TAMPA FL 336043.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T
NAME COIT, RICHARD T
STREET ADDRESS 10707 CROWNGATE LANE
CITY-ST-ZIP TAMPA FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard T. Coit 2/21/97 113-264-0284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048061

CR2E037 (9/96)