

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 # F95000006243 (8)

1. Corporation Name

CAPITAL BREWERY COMPANY, INC.



Principal Place of Business

7734 TERRACE AVENUE  
MIDDLETON WI 53562

Mailing Address

7734 TERRACE AVENUE  
MIDDLETON WI 53562

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LION FINE WINES, INC.  
710 MILITARY TRAIL  
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

n/a

4. FLI Number

39-1473520

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

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

(Sign with typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent Signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PTD  
LINGK, RICHARD  
STREET ADDRESS  
6699 HARVEST HILL RD.  
CITY-STATE-ZIP  
WAUNAKEE WI

TITLE ☐ DELETE

NAME  
V  
NELSON, KIRBY  
STREET ADDRESS  
7009 MAYWOOD AVE.  
CITY-STATE-ZIP  
MIDDLETON WI

TITLE ☐ DELETE

NAME  
S  
KING, RICHARD W  
STREET ADDRESS  
1625 CAPITAL AVE.  
CITY-STATE-ZIP  
MADISON WI

TITLE ☐ DELETE

NAME  
CD  
WIENER, SCOTT  
STREET ADDRESS  
5462 HWY 4  
CITY-STATE-ZIP  
MOUNT HOREB WI

TITLE ☐ DELETE

NAME  
D  
BAILEY, DONALD  
STREET ADDRESS  
4194 ROSE CT.  
CITY-STATE-ZIP  
MIDDLETON WI

TITLE ☐ DELETE

NAME  
D  
DUROCHER, CARL  
STREET ADDRESS  
1441 WILLIAMSON ST.  
CITY-STATE-ZIP  
MADISON WI

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

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

Richard E. Lingk,

March 7, 1996

608/836-7100

Daytime Phone

CR2E034 (12/95)