

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002458 (5)

1. Corporation Name
FREDERICK BREWING CO.



Principal Place of Business 1035 CARROLL ST. FREDERICK MD 21701	Mailing Address 1035 CARROLL ST. FREDERICK MD 21701-4007
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3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4607 Wedgewood Blvd.	2a. Mailing Address 26 4607 Wedgewood Blvd.
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4. FEI Number 52-1769647	Applied For <input type="checkbox"/> Not Applicable
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22 City & State Frederick, MD	27 City & State Frederick, MD
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 21703	25 Country USA	28 Zip 21703	30 Country USA
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNON, KEVIN E	1.2 NAME	
STREET ADDRESS	125 W 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, MARJORIE A	2.2 NAME	
STREET ADDRESS	125 W 2ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, CRAIG J	3.2 NAME	
STREET ADDRESS	107 ALESSANDRA CT., #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDAHL, STEVEN T	4.2 NAME	
STREET ADDRESS	8118 CAMBRIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCO, MARIBETH	5.2 NAME	
STREET ADDRESS	8057 OLD RECEIVER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORIS, NICHOLAS	6.2 NAME	
STREET ADDRESS	900 CARROLL PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig J. O'Connor 1/8/97 (301)694-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deformed Phone #

0506036

CR2E034 (9/96)