

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -6 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G46039**

(5)

1. Corporation Name

THE FLORIDA BREWERY, INC.

Principal Place of Business

Mailing Address

202 GANDY RD.
BOX 6
AUBURDALE FL 33823

202 GANDY RD.
BOX 6
AUBURDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1983

3a. Date of Last Report

06/13/1994

4. FET Number

59-2295336

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

7. This corporation has liability for intangible tax under s. 199.022
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

20 State, Apt. #, etc.

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPOS, RAMON S.
202 GANDY ROAD
AUBURDALE FL 33823

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

Ramon S. Campos

Signature of Registered Agent (Signature required when registering)

6/23/95

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PO
CAMPOS, RAMON S.
202 GANDY ROAD
AUBURDALE FL

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

STD
FONTAINE, CHARLES E.
425 MT VERNON HWY NW
ATLANTA GA

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

STD
FONTAINE, CHARLES E.
425 MT VERNON HWY NW
ATLANTA, GA

☒ Change ☐ Addition

NO LONGER WITH
CORPORATION - TERMINATED

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY, ST, ZIP

13.1 TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY, ST, ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

Ramon S. Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/95

(941)965-1825