

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K86284**

OL & BREW, INC.

Principal Place of Business

ROBERT J. HORNER  
PELICAN BAY DR.  
DAYTONA BCH. FL 32119

Mailing Address

5946 DORAVILLE DRIVE  
PORT ORANGE FL 32127  
US

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

HORNER, ROBERT J.  
408 PELICAN BAY DR.  
DAYTONA BCH. FL 32119

*NAME NAME*

3. Date Incorporated or Qualified

05/03/1989

4. FEI Number

59-2949086

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 owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

ROBERT J. HORNER

82 Street Address (P.O. Box Number is Not Acceptable)

83

5946 DORAVILLE DR

84 City

PORT ORANGE

FL

85 Zip Code

32127

In accordance with 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 agent 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME	
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME	
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME	
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME	
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME	
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME	
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Signature of Robert J. Horner*

7-1-99

904 761-1313

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90008 039 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)