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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80771

MCGUIRE'S BREWERY COMPANY, INC.

(3)

FILED Feb 04 1998 8:00am Secretary of State



Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  Sulte, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  \$5.00 May Be									
## CO EAST GRECORY STREET PRINACOLA FL 32001  ## PRINACOLA FL 32001	•	*							
DO NOT WRITE IN THIS SPACE  8. Date incorporated or Quiffied OG/13/1990  8. Principal Piace of Business  2. Mailing Actiness  3. Date incorporated or Quiffied OG/13/1990  4. FER Humber   Applied For Not Applied For Shall Discorporated or Quiffied OG/13/1990  5. Sullic, Apt. #, etc.   Sullic, Apt.				600 EAST GREGORY STREET					
2. Principal Piace of Business 2. Mailing Address 2. Sulfo, Apt. 4, etc. 3. Sulfo, Apt.						DO NOT WRITE IN THIS SPACE			
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City & State    City & State	Suite, Apt	#, etc.	Suite, Apt. #, etc.			E Cortificate of Status Desired	\$8.75	Additional	
Trust Fund Contribution   Addition   Addit	22					G. Continuate of Status Desirets	Fee F	Required	
Zip	City & State	)	City & State			, -		•	
AN ame and Address of Current Registered Agent  MARTIN, WILLIAM MCGUIRE 600 EAST GREGORY ST. PENSACOLA FL 32801  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL   85 Zrp Code  84 City FL   85 Zrp Code  85 Zrp Code  86 Zrp Code  87 Zrp Code  88 Zrp Code  88 Zrp Code  89 Zrp Code  89 Zrp Code  80 Zrp Code  81 Zrp Code  82 Zrp Code  83 Zrp Code  84 City FL   85 Zrp Code  85 Zrp Code  86 Zrp Code  87 Zrp Code  88 Zrp Code  88 Zrp Code  88 Zrp Code  89 Zrp Code  89 Zrp Code  89 Zrp Code  89 Zrp Code  80 Zrp	23	<del>_</del>				···		·	
B. Name and Address of Current Registered Agent MARTIN, WILLIAM MCGUIRE 600 EAST GREGORY ST. PENSACOLA FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code  84 City   FL   85   Zip Code  85   86 City   FL   85   Zip Code  86   87   Code  87   City   FL   86   Zip Code  88   City   FL   86   Zip Code  89   City   FL   86   Zip Code  89   City   FL   86   Zip Code  89   City   FL   86   Zip Code  80   City   FL   86   Zip Code  80   City   FL   86   Zip Code  81   City   FL   86   Zip Code  82   City   FL   86   Zip Code  83   City   FL   86   Zip Code  84   City   FL   86   Zip Code  85   City   FL   86   Zip Code  86   City   FL   86   Zip Code  87   City   FL   86   Zip Code  88   City   FL   86   Zip Code  89   City   FL   86   Zip Code  90   City   FL   86   Zip Code  91   City   FL   86   Zip Code  92   City   FL   86   Zip Code  93   City   FL   86   Zip Code  94   City   FL   86   Zip Code  95   City   FL   86   Zip Code  96   City   FL   86   Zip Code  96   City   FL   86   Zip Code  96   City   FL   86   Zip Code  97   City   FL   86   Zip Code  97   City   FL   86   Zip Code  98   City   FL   86   Zip Code  98   City   FL   86   Zip Code  99   City   FL   86   Zip Code  99   City   FL   86   Zip Code  90   City   City   FL   86   Zip Code  90   City   City	<b>—</b> , '	├	— ·	<del> </del>			p	_ ~	
MARTIN, WILLIAM MCQUIRE 600 EAST GREGORY ST. PENSACOLA FL 32501  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statute, the native amend corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  Signature, Injury of princip Injury of princip Injury of Propriess AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MARTIN, WILLIAM MCQUIRE  00 E. GREGORY ST.  PENSACOLA FL  INTURE  MARTIN, MOLLY MCQUIRE  00 E. GREGORY ST.  PENSACOLA FL  INTURE  DELETE  11 TITLE  MARE  12 YAME  23 SIREIT ADDRESS  DITY-ST-ZP  TITLE  MARE  33 SIREIT ADDRESS  DITY-ST-ZP  TITLE  DELETE  14 LITTLE  DELETE  14 LITTLE  DELETE  14 LITTLE  DELETE  34 TITLE  DELETE  34 TITLE  DELETE  34 TITLE  DELETE  34 TITLE  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  54 TITLE  DELETE  55 TITLE  DELETE	24]			30				Пио	
BEZ Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.05.02 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 to the femiliar with, and accept the obligations of, Section 607.055, Plorida Statutes.  SIGNATURE  Signature. Incide primed from oil registered agent agent and accept the obligations of, Section 607.055, Plorida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. Intit Control of the primed from a director acceptable of the primed from rendating).  14. City St. 22 Personances.  15. Title	MAL	<del></del>		81] (	Vame	IV. Harris and Address of New Hog	natorou rigorit		
PENSACOLA FL 32501    B4									
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				82 3	Street Addi	ress (P.O. Box Number is Not Acceptable	e)		
### City ###   55 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hardby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hardby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature type do printed harve of registered agent and tist it authorism.   (NOTE: Registered Agent signature registered agent and tist it authorism.   (NOTE: Registered Agent signature registered agent from remaising)   (DAT)    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  #### TITLE	FEN	ISALULA FL SZOUT		83					
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SIGNATURE   Comment of requisited agent and rate if agent agent agent agent agent agent and rate if agent	office or re	agletered agent, or both, in the	he State of Florida. Such change wa	as authorized by the	e corporat	tion's board of directors. I hereby accept	the appointment a	s registered	
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CITY OF TIME	NAME		$I \setminus II$						
6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 applied apport 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 of the processor of the processor of the corporation of the processor of the p	STREET ADDRESS	1		6.3 STREET AD	DRESS				
14. I hereby certify that the information supplied with this him 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 suppliemental arrival gipport 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 of the processory trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP			6.4 CITY-ST-2	IP I	Castian 110 07/9Vi) Florida Clabitan 14	udhar andif. thet	no information	
officer or director of the corporation of the properties are appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	14. I hereby c indicated	ermy that the information su on this annual report or sup	pplied with this liking does not qualit bleme tal admial apport is t <u>rue and</u>	iy ior the exemption <del>accurate <u>and</u> that i</del>	n staled in my signatu	re shall have the same legal effect as if	made under oath; t	hat I am an	
	officer or o	director of the corporation of	the receiver or tristee empowered	to execute this rep	ort as requ	uired by Chapter 607, Florida Statutes; a	ind that my name a	ppears in	