

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N25013 (6)**

1. Corporation Name

**THE ANHEUSER-BUSCH GRAY EAGLES, INC.**



Principal Place of Business

**HILLSBOROUGH CO.  
TAMPA FL 33983**

Mailing Address

**% CARROL HENDERSON  
5508 GRAY ROAD  
ZEPHYRHILLS FL 33543**

3. Date Incorporated or Qualified  
**02/25/1988**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number  
**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDERSON, CARROL T  
5508 GRAY ROAD  
ZEPHYRHILLS FL 33543**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **KILLEBREW, ENNIS**  
STREET ADDRESS **407 E. CLAY AVE.**  
CITY-ST-ZIP **BRANDON FL 33510-3739**

TITLE **D** ☐ DELETE  
NAME **MELLO, FRANK**  
STREET ADDRESS **8416 JACQUELINE CT.**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541-9708**

TITLE **D** ☐ DELETE  
NAME **MONK, ARLENE W**  
STREET ADDRESS **313 RICE RD.**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ DELETE  
NAME **BOYER, MAURICE L**  
STREET ADDRESS **3904 W. BAY COURT AVE.**  
CITY-ST-ZIP **TAMPA FL 33616-2333**

TITLE **D** ☒ DELETE  
NAME **PROUDFIT, JEAN L**  
STREET ADDRESS **5839 PORTS MOUTH DR.**  
CITY-ST-ZIP **TAMPA FL 33615-3733**

TITLE **T** ☐ DELETE  
NAME **HENDERSON, CARROL**  
STREET ADDRESS **5508 GRAY RD**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **WHEAT, DAVID**  
1.3 STREET ADDRESS **15108 ROUNDUP DR.**  
1.4 CITY-ST-ZIP **TAMPA, FL. 33624-2341**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **MERSEREAU, DOROTHY**  
5.3 STREET ADDRESS **18805 GERACI RD**  
5.4 CITY-ST-ZIP **LUTZ, FL. 33549-4988**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carrol J. Henderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96 (813) 973-2856**

Date

Daytime Phone #

CR2E037 (12/95)