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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25013** (6)

1. Corporation Name

THE ANHEUSER-BUSCH GRAY EAGLES, INC.

Principal Place of Business

Mailing Address

**HILLSBOROUGH CO.
TAMPA FL 33683**

**5 CARROLL HENDERSON
5608 GRAY ROAD
ZEPHYRUS FL 33543**

**DOROTHY MERSEAU
18805 GERACI RD.
LUTZ, FLA.
33549**

Incorporated or Qualified
02/25/1988

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **18805 GERACI RD.**

22 City & State

27 **LUTZ, FLA.**

23 Zip

Country

28 **33549**

City & State

24 Zip

Country

29 **HILLS**

City & State

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERSEREAU, DOROTHY
18805 GERACI RD.
LUTZ FL 33549**

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	<input checked="" type="checkbox"/> DELETE
NAME	WHEAT, DVID	
STREET ADDRESS	15108 ROUNDUP DR	
CITY-ST-ZIP	TAMPA FL 33624-2341	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLEGLER, JACOB	
STREET ADDRESS	4381 W. PIUTE DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELBY, WILLIAM	
STREET ADDRESS	7922 SAILBOAT KEY BLVD., #201	
CITY-ST-ZIP	SO PASADENA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLKEL, ALFRED	
STREET ADDRESS	5054 MT. OLIVE SHORES DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIGBY, BERNARD	
STREET ADDRESS	5300 BAYSHORE BLVD., C-4	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MERSEREAU, DOROTHY	
STREET ADDRESS	18805 GERACI RD.	
CITY-ST-ZIP	LUTZ FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRED TARAZA	
1.3 STREET ADDRESS	5206 W. NEPTUNE WAY	
1.4 CITY-ST-ZIP	TAMPA, FLA. 33609 3639	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN THOMPSON	
2.3 STREET ADDRESS	8706 E. NAVAJO AVE.	
2.4 CITY-ST-ZIP	TAMPA, FLA. 33637	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KARL YOST, JR.	
3.3 STREET ADDRESS	6012 FRONDWAY	
3.4 CITY-ST-ZIP	APOLLO BEACH, FLA 33512	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARLENE MONK	
5.3 STREET ADDRESS	6035 SEA RANCH DR.	
5.4 CITY-ST-ZIP	HUDSON, FLA.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

DOROTHY MERSEAU

Dorothy Mersereau

2/7/98

CR2E037 (10/97)