NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N25013

1. Corporation Name

THE ANHEUSER-BUSCH GRAY EAGLES, INC.

Principal Place of Business HILLSBOROUGH CO. TAMPA FL 33983

2. Principal Place of Business

-Suite, Apt: #, etc.

22

Mailing Address

MERSEREAU, DOROTHY 18805 GERACI RD LUTZ FL 33543

2a. Mailing Address

Titu P State

Suite, Apt. #, etc.

US

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## FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90022 012 \*\*\*\*61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

02/25/1988

FEI Number

| City & State  | •  | 28                       |                 |           |  | 5. Certifcate of Status Desire          | d 🗆              | Fee                                   | Required       |  |
|---|--|--------------------------|-----------------|-----------|--|---|------------------|---------------------------------------|----------------|--|
| Zip   | Country  | Zip                      | Co              | ountry    |  | 6. Election Campaign Finance            | ina —            | \$5.0                                 | 0 May Be       |  |
| ¬ '   | 25   | 29                       | 30              |           |  | Trust Fund Contribution                 | a 🗆              | Added to Fees                         |                |  |
| 9. Name and Address of Current Registered Agent         |  |                          |                 |           | 10. Name and Address of New Registered Agent |   |                  |                                       |                |  |
|   |  |                          | <u> </u>        | 81        | Name   |   |                  |                                       |                |  |
|   |  |                          |                 | -         | 4 A  | dance (D.O. Rey Number in Not Acc       | antable)         |                                       |                |  |
| MERSEREAU, DOROTHY                                      |  |                          |                 | 82        | Street A                                     | ddress (P.O. Box Number is Not Acc      | epiaule)         |                                       |                |  |
| 18805 GERACI RD: 18 18 18 18 18 18 18 18 18 18 18 18 18 |  |                          |                 |           |  |   |                  |                                       |                |  |
| LUIZ FL 3   | N349   |                          |                 | Ш         |  |   |                  |                                       | - 0-1-         |  |
|   | Age of the second secon |                          |                 | 84        | City   |   | F                | L  85   Z                             | ip Code        |  |
| 11. Pursuant  | - 45   | and 617.1508, Florida S  | Statutes, the   | above     | -named c                                     | corporation submits this statement for  | the purpose      | of changing                           | its registered |  |
| office or r   | egistered agent, or both, in the State of<br>m familiar with, and accept the obligatio   | Florida. Such change v   | was authoriz    | ed by     | tne como                                     | ration's board of directors. I hereby a | ccept the app    | ointment as                           | registered     |  |
| -   | · ·  | 10 01, 0000011 0111000   | •,              |           |  |   |                  |                                       |                |  |
| SIGNATURE   | Signature, typed or printed name of registered agent a   | nd title if applicable.  | (NOTE: Register | red Agen  | t signature re                               | quired when reinstating)                | DATE             |                                       |                |  |
| 12.   | OFFICERS AND   |                          | 1:              | 3.        |  | ADDITIONS/CHANGES TO                    | OFFICERS A       |                                       |                |  |
| TITLE   | P DELETE   |                          | TE 1.1          | 1.1 TITLE |  |   |                  | Chang                                 | ge 🔲 Addition  |  |
| NAME  | TAROZA, FRED   |                          |                 | NAME      |  |   |                  |                                       |                |  |
| STREET ADDRESS  | 5206 W NEPTUNE WAY   |                          |                 | STREET    | ADDRESS                                      |   |                  |                                       |                |  |
| CITY-ST-ZIP   | TAMPA FL 33609   |                          | 1.4             | CITY-S    | r-ZIP  |   |                  |                                       |                |  |
| TITLE   | D  | ☐ DELE                   | TE 2.1          | TILE      |  |   |                  | Chang                                 | ge             |  |
| NAME  | THOMPSON, JOHN   |                          | 2.2             | NAME      | 1  |   |                  |                                       |                |  |
| STREET ADDRESS  | 8706 E NAVAJO AVE  | 2-2                      | 2.3             | STREET    | ADDRESS                                      |   |                  | ٠.                                    |                |  |
| CITY-ST-ZIP   | TAMPA FL 33637   |                          | 2.              | CITY-S    | T-ZIP  |   |                  |                                       |                |  |
| TITLE   | D  | ☐ DELE                   | TE 3.1          | TITLE     |  |   |                  | Chang                                 | ge             |  |
| NAME  | YOUST, KARL J  |                          | 3.2             | NAME      | į  |   |                  |                                       |                |  |
| STREET ADDRESS  | 6012 FRONDWAY  |                          | 3.3             | STREET    | ADDRESS                                      | •                                       |                  |                                       |                |  |
| CITY-ST-ZIP   | APOLLO BEACH FL 33572  |                          | 3.4             | . CITY-S  | T-ZIP  |   |                  |                                       |                |  |
| TITLE   | D DELETE   |                          | TE 4.1          | 4.1 TITLE |  |   |                  | Chan                                  | ge Addition    |  |
| NAME  | VOLKEL, ALFRED   |                          | 4.              | 2 NAME    | l  |   |                  |                                       |                |  |
| STREET ADDRESS  | 5054 MT. OLIVE SHORES DRIVE  |                          | 4.3             | STREET    | ADDRESS                                      |   |                  |                                       |                |  |
| CITY-ST-ZIP   | POLK CITY FL   |                          | 4.4             | CITY-S    | r-ZiP  |   |                  |                                       |                |  |
| TITLE   | D  | ☐ DELE                   | TE 5.1          | TITLE     | .  |   |                  | Chan                                  | ge Addition    |  |
| NAME  | MONK, ARLENE   |                          | 5.2             | NAME      |  |   |                  |                                       |                |  |
| STREET ADDRESS  | 6035 SEA PANCH DR  |                          |                 |           | ADDRESS                                      |   |                  |                                       |                |  |
| CITY-ST-ZIP   | HUDSON FL  |                          |                 | CITY-S    | T-ZIP  | ·                                       | · .              | · · · · · · · · · · · · · · · · · · · |                |  |
| TITLE : ', ' 1:'  | Τ  | ☐ DELE                   | TE 6.1          | TITLE     | . ]  |   | •                | Chan                                  | ge Addition    |  |
| NAME  | MERSEREAU, DOROTHY   |                          | 6.2             | NAME      | 1  |   |                  |                                       |                |  |
| STREET ADDRESS  |  |                          | 6.3             | STREE     | ADDRESS                                      |   |                  |                                       |                |  |
| CITY-ST-ZIP   | LUTZ FL  |                          |                 | CITY-S    |  |   |                  |                                       |                |  |
| 14. I hereby  | certify that the information supplied with   | this filing does not qua | alify for the e | xempt     | ion stated                                   | in Section 119.07(3)(i), Florida Statu  | tes. I further d | certify that the                      | e information  |  |

Interest certify that the information supplied with this hing does not qualify for the exemple of the variety of 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, with all other like empowered.

**SIGNATURE:** 

SIGNATURE REQUIRED

113 99 Storthy Melarica

CR2E037 (11/98)

Applied For

\$8 75 Additional

Not Applicable