## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9800004815

BUCCANEER BREW CREW, INC.

Principal Place of Business

Mailing Address

206 WILD OAK DRIVE BRANDON FL 33511

206 WILD OAK DRIVE BRANDON FL 33511

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90046 038 \*\*\*\*61.25



<ol><li>Principal Pl</li></ol>	lace of Business 2a. Mailing Address			3. Date incorporated or Qualifed				
1	26				08/20/1998	<del></del>		
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number 59-3566037	<del></del>	lied For	
2	27				31- 336603 1		Applicable	
City & State City & State 28				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country Zip				6. Election Campaign Financing	\$5.00	May Be	
25 29 3			30		Trust Fund Contribution	Added to	Fees	
· <u>-1</u>	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Register	ed Agent		
			81	Name				
AMERILAWYER				82 Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE								
CORAL GABLES FL 33134			83					
COILL G	ADELO 1 E 00 104	,	84	City		85 Zip C	nde	
				•		-L		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	ration submits this statement for the purpose	e of changing its i	egistered	
affica or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	iorizea by i	tne corporatioi	n's board of directors. I hereby accept the ap	opointment as reg	istered	
SIGNATURE	Simply band or related in the palatons of solutions	nd title if applicable (NOTE: Re	distance Agent	t signature required	when reinstating) DATE		<del></del>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref. 12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD	)	Change	☐ Addition	
NAME	SWITZER, WALTER		1.2 NAME		SITZER, WALTER			
	206 WILD OAK DRIVE		13 STREET		719 FOREST ST.	•	•	
STREET ADDRESS	BRANDON FL 33511		1,4 CITY-ST		AMPA, FL 33612			
CITY-ST-ZIP	VD	☐ DELETE	2.1 TITLE	D	TOTAL STORY	Change	☐ Addition	
TITLE	, · <del>-</del>		2.2 NAME	1	Sm-Jim	د سپوس سایت		
NAME .	CHISM, JIM				6 WILD OAK DE			
STREET ADDRESS	206 WILD OAK DRIVE		•		ANDON, FL 33511			
CITY-ST-ZIP	DIVIDON 12 GOOT		2. 4 CITY-S 3.1 TITLE	1-21 <sup>P</sup> 15K	ANUON, FL 9 7317	<b>™</b> Change	Addition	
TITLE ·	VD	- Deterie	- ·	-		<b></b>	_	
NAME	SMITH, ALAN		3.2 NAME		NTH, ALAN			
STREET ADDRESS	206 WILD OAK DRIVE				6 WILD OAK OR			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP OR	LANDON, FL 33511	Change	Addition	
TITLE	STD .	☐ DELETE	4,1 TITLE		•	□ Citalige		
NAME	STEELE, WILLIAM R	•	4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	BRANDON FL 33511		4.4 CITY-ST				MAJANIC-	
TITLE		☐ DELETE	5.1 TITLE	VZ	SUES THOMAS I TO	Change	Addition	
NAME APPRIES			5.2 NAME	KC	YES, THOMAS L. JR.			
STREET ADDRESS	The factor of the second of th			ADDRESS / 9	06 MEADOWRIDGE DR			
CITY ST ZIP.	Same		5.4 CITY-S	T-ZIP V	ALRICO, FL 33594			
TITLE	•	DELETE	6.1 TITLE	P	C. C. S. S. L. C. C. C. C.	. Change	Addition	
NAME		*	6.2 NAME	m	ECUROY, THOMAS WILD OAK DR			
STREET ADDRESS	•		6.3 STREET	FADDRESS 20	6 WILD OAK UK			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP BA	RANDON, FL 33511			
14 I horoby	adific that the information augustical with	this filing does not qualify for the	e evemnti	ion stated in S	ection 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation	

Indicated on this annual report or supplied with an address, in that I am an address, in the exemption stated in Section 1.19.07 (3.0), Florida Statutes. I further certify that the information indicated on this annual report is report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: