FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28725 (0)

1. Corporation Name
ABITA BREWING COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 762 ABITA SPRINGS LA 70420	P.O. BOX 762 ABITA SPRINGS LA 70420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 72-1019036 ☐ 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

FRIED, STEVE
4544 MONPELLIER DRIVE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, JAMES K.	1.2 NAME	
STREET ADDRESS	24254 LOWE-DAVIS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	HAMAKER, CHARLES	2.2 NAME	
STREET ADDRESS	809 WEST 11TH	2.3 STREET ADDRESS	71504 Keller St
CITY-ST-ZIP	COVINGTON LA	2.4 CITY-ST-ZIP	Abita Springs
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, KATHLEEN M.	3.2 NAME	
STREET ADDRESS	24254 LOWE-DAVIS ROAD	3.3. STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Blossman, Gary ☑ Change ☐ Addition
NAME	BLOSSMON, GARY	4.2 NAME	
STREET ADDRESS	127 RIVERWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Blossman, Roy ☑ Change ☐ Addition
NAME	CUMMING, SUSAN	5.2 NAME	
STREET ADDRESS	9062 BLARNEYSTONE DRIVE	5.3 STREET ADDRESS	127 Riverwood Dr.
CITY-ST-ZIP	SPRINGFIELD VA	5.4 CITY-ST-ZIP	Covington, LA
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	BLOSSMAN, CHRIS	6.2 NAME	
STREET ADDRESS	127 RIVERWOOD DRIVE	6.3 STREET ADDRESS	N/A
CITY-ST-ZIP	COVINGTON LA	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. L. Patton JAMES L. PATTON 1/23/95 504-898-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480388 FN