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PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006133 (0)

TAMPA BAY BREWING ASSOCIATES, INC.

Principal Place of Business Mailing Address 2205 N. 20TH STREET 2205 N. 20TH STREET **TAMPA FL 33605** TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3229332 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BALLARD, WILLIAM C 100 SECOND AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) 83 ST. PETERSBURG FL 33701 R4 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TIBLE Addition PEREZ, HUMBERTO NAME 1.2 NAME 2205 20TH STREET NO STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE LOPEZ. HUMBERTO NAME 2.2 NAME 2205 20TH STREET NO STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. Thereby certify that the information supplied with thie 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 properties frue sed 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 recover or thistee 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 attribution with an address.

3.4. CHTY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIF

4.1 THILE

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5.1 TITLE

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6.1 TITLE

6.2 NAME

□ DELETE

DELETE

DELETE

CIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Feb 02 1998 8:00am

Secretary of State