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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000012660 (4)**

1. Corporation Name
OLD ORTEGA BREWING COMPANY

Principal Place of Business	Mailing Address
3619 VALENCIA RD. JACKSONVILLE FL 32205	3619 VALENCIA RD. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1994

2. Principal Place of Business	2a. Mailing Address
21 4736 Ivanhoe Rd.	26 4736 Ivanhoe Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, Fl
24 Zip: 32210 25 Country: USA	29 Zip: 32210 30 Country: USA

4. FEI Number: 59-3232566 ☐ 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 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
WEBSTER, JOHN W 3619 VALENCIA RD. JACKSONVILLE FL 32205	81 Name: Webster John W. 82 Street Address (P.O. Box Number is Not Acceptable): 4736 Ivanhoe Road 83 84 City: Jacksonville FL 85 Zip Code: 32210

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: John W. Webster — John W. Webster vice president/Agent — 4-2-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WEBSTER, JOHN W		1.2 NAME	
STREET ADDRESS	[redacted] 4736 Ivanhoe Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205 Jacksonville FL 32210		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WEBSTER, LORETTA ANN		2.2 NAME	
STREET ADDRESS	[redacted] 4736 Ivanhoe Road		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL [redacted] 32210		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Webster Vice President 4-2-98 904-387-2570