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

APPROVED AND FILED
95 APR 25 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025977 (7)**

1. Corporation Name
KAHOOTZ DRAFT HOUSE, INC.

Principal Place of Business	Mailing Address
702 NW PARK ST OKEECHOBEE FL 34972	702 NW PARK ST OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1994
3a. Date of Last Report:

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: 65-0486693 ☐ 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

ALBERT, BRIAN
702 NW PARK ST
OKEECHOBEE FL 34972

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	D	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	ALBERT, BRIAN	1.2 NAME	BRIAN ALBERT
STREET ADDRESS	10075 SANDY RUN	1.3 STREET ADDRESS	10075 SANDY RUN
CITY-ST-ZIP	JUPITER FL 33478	1.4 CITY-ST-ZIP	JUPITER FL. 33478
TITLE	D	2.1 TITLE	VP/SLD ☐ Change ☒ Addition
NAME	BEAVERS, DON	2.2 NAME	KYMBERLIE GILLESPIE
STREET ADDRESS	111 HEPBURN AVE	2.3 STREET ADDRESS	533 E. WHITNEY CR
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	JUPITER, FL. 33458
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	GILLESPIE, KYMBERLIE J	3.2 NAME	DROP DON BEAVERS - SAP STOCKS
STREET ADDRESS	533 E. WHITNEY CIRCLE	3.3 STREET ADDRESS	NO LONGER DIRECTOR / OWNER
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	! DONALD BEAVERS
STREET ADDRESS		4.3 STREET ADDRESS	is no longer with
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Corporation.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X Kymberlie J. Gillespie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 813-467-0808 Daytime Phone #

0383158 CP