

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000049873 (0)

1. Corporation Name

NEW WORLD BREWING SYSTEMS, INC.

Principal Place of Business

**2857 EXECUTIVE DR
CLEARWATER FL 34622**

Mailing Address

**2857 EXECUTIVE DR
CLEARWATER FL 34622**

**APPROVED
AND
FILED**

95 MAY -1 PM 4:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/06/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3252869	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**STEPHENSON, RONALD L
100 2ND AVE S
12TH FLOOR
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WONDEL JR.	1.2 NAME	
STREET ADDRESS	2857 EXECUTIVE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34622	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARY	2.2 NAME	
STREET ADDRESS	2857 EXECUTIVE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34622	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLBORN, PAUL J	3.2 NAME	
STREET ADDRESS	2857 EXECUTIVE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34622	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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	

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RECEIVED BY MAY 1

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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 110.07(3)(k), 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:

Wondel Smith Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 (813) 530-447
Date Date Time