FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000057561 (9)

BREWMASTERS OF PLANT CITY, INC.

Principal Place of Business Mailing Address							11 WUIDL UIIIL LAWDI WIIIM WIIHA DENE LWRI
5335 VILLAGE A WESLEY CHAPE			5335 VILLAGE MKT. WESLEY CHAPEL FL 33543				
						3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 01/08/1997
21	lace of Business	2a, Mailing Ac				4, FÉFNumber 59-3329556	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		} ₁ `	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zıp	Country	Zip				This corporation has liability for intangible tax under s. 199.032,	
24	25	[29]		[30]			Yes No
		of Current Registered Agen	t	81	Name	10. Name and Address of New F	legistered Agent
	H, THOMAS A W PLATT ST STE 3						
	PA FL 33606			82	Street Addr	ess (P.O. Box Number is Not Accept	able)
				83		MANAGEMENT STREET, STR	
				84	City		FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept	the obligations of Section 60 applicable open and title if applicable	07.0505, Flor	rida Statutes	i. 	oration submits this statement for the ion's board of directors. I hereby accust when reasoning)	DATE
12.	DP OF IC	CERS AND DIRECTORS	DĔĿĔĨĔ	13.	[ADDITIONS/CHANGES TO OFF	Change Addition
NAME	CHRISTEN, JOHN		DECC IE	1.2 NAME			
STREET ADDRESS	5335 VILLAGE MKT.			1.3 STREET	ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 3	3543		1.4 CHY-S	1-7IP		
TITLE			☐ DELETE				Change Addition
NAME				2.2 NAME 2.3 STREET ADORESS 2.4 City - S1 - ZIP 3.1 Title			
STREET ADDRESS							
CITY-ST-ZIP			DELETE			, ,- ,	Change Addition
TITLE NAME		L	DECETE	3.1 TITLE 3.2 NAME			Change Adolfor
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. City - S			
TITLE	DERF		DELETE	4.1 1/1LE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CHY- \$	1 - Z(P		
TITLE	DELETE		DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY - ST - ZIP			DEL ETE	5.4 CHY- S1 - Z/P			
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME	IDVDCOC		
STREET ADDRESS	I_{i}			6.3 STREET			
CITY-ST-ZIP	IY-S1-ZIP I do hereby certify that the information supplied with this fying does not quali			6.4 CITY-S v for the exe	option stated	Lin Section 119 07(3)(i) Florida Statu	tes. I further certify that the
informatio	n indicated on this applied r flicer or director of the corp	eport or supplemental annua oration or the recoiver or trus	l report is tru	ue and accu ered to exec	rate and that ute this repor	my signature shall have the same le I as required by Chapter 607, Florida	gal effect as if made under oath; that Statutes; and that my name

IATURE: 1 19091A U V 1 1000 4. 30-97 813-973-4346