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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000088302 (1)

BREWMASTERS OF ST. PETERSBURG BEACH, INC.

				· · · · · · · · · · · · · · · · · · ·			
Principal Place of Business Mailing Address					A I DENINOU CON DENIN BURN BEATH BOTTO		
5335 VILLAGE N Wesley Chape		5335 VILLAGE MAR WESLEY CHAPEL I					
					3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last R 01/07/1997	leport
2. Principal P	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Ar	oplied For
21		26			59-3354449		ot Applicable
Suite, Apt.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	Fee Re	Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution	President Annual	May Bo to Fees
Zip	Country	Ζιρ	C	ountry	8. This corporation has liability for i		. 199.032,
24	25	29	30			] Yes [] No	
<del></del>	g, Name and Address of Cu	rrent Registered Agent		81 Name	10, Name and Address of New Re	Jistered Agent	
	H, THOMAS A			81 Name			
	W. PLATT ST., STE. 3			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
TAMI	PA FL 33606			83			
				63			
				84 City		<b>85</b> Z(p	Code
		5.4555	- <b>2</b> 0.000 - 20.00	.	THE STATE OF THE SAME AND THE STATE OF THE STATE OF THE SAME OF TH		
agent. I a	egistered agent, or both, in the S im familiar with, and accept the ol	tate of Florida. Such chan bligations of, Section 607.	go was authori. 3505, Florida S	zed by the corporati latutes.	oration submits this statement for the p on's board of directors. I hereby accep	it the appointment as	registered
SIGNATURE	Signature, typed or printed name of registers	d agest and tile if applicable	(NOH : Regist	ered Agent signature require	ed when reinstating)	DATE	
12.		AND DIRLCTORS		3.	ADDITIONS/CHANGES TO OFFIC	and the second s	
TITLE	DP	D DC	tETE : 1.1	TITLE		Change	] Addition
NAME	SMITH, THOMAS A		1.2	P NAME			
STREET ADDRESS	5335 VILLAGE MARKET		. 1.3	STREET ADDRESS			
City-St-ZIP	WESLEY CHAPEL FL 33543			1 CITY - ST - 7IP			
TITLE	·	[_] DE	LETE 2.1	1 TITLE		Change	☐ Addition
NAME			22	P NAME			
STREET ADDRESS			2.3	STREET ADDRESS			}
CITY-ST-ZIP			1,710	4 CITY-ST-7IP			
TITLE		L D€	LETE : 3.	1 1)][[		L Change	L_J Addition
NAME			3.2	7 NAME			
STREET ADDRESS			3.3	3 STREET ADDRESS			
CITY-ST-ZIP				4. CITY-\$1 - 719		T Change	
TITLE		□ DE		1 11111.6		[] Change	L Addition
NAME				2 NAME			
STREET ADDRESS			4.3	3 STREET ADDRESS			
CiTY-\$1-ZiP				I CITY-ST-ZIF		Chassa	- Addition
TIFLE		LJ DI		TITLE		[_] Change	Addition
NAME				2 NAME			-
STREET ADDRESS				3 STREET ADORESS			}
CITY-ST-ZIP				4 C/1Y - S1 - Z/P		☐ Change	Addition
TITLE		LJ DI		1 1/116		L_1 GHarige	L Addition
NAME				2 NAME			
STREET ADDRESS	·		1	3 STREET ADDRESS			
CITY+ST+ZIP	by partify that the interestion of	plad with this files does	f 6	4 CITY - ST - ZIP	Lin Spotiar, 110 07/21/0 Clorida Statuta	e. I further certify the	t the
information	by Coming that the information support in Microsted on this annual report of fine or director of the component in Black 12 or Black 13 it shows the component of the component in Black 12 or Black 13 it shows the black 14	or applemental annual residence or the receiver or truster	portisared an eport is ared an empowered t	d accurate and that a execute this repor	l in Section 119.07(3)(i), Florida Statute my signature shall have the same lega Las required by Chapter 607, Florida S	I effect as if made un Statutes; and that my	nder oath; that name

I am an officer or director of the compapears in Block 12 or Block 13 if c

4/20/97 813-973-4340

**FILED** 

May 19 1997 8:00am

Secretary of State