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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P95000093279	(4)
1 Occasion Name	. 0000000	1.1

 Corporation Name INDIAN RIVER MICROBREWERY, INC. Maring Address Principal Place of Business 339 FRANKLYN AVENUE 339 FRANKLYN AVENUE INDIALANTIC FL 32903 INDIALANTIC FL 32903 3a. Date of Last Report 3. Date Incorporated or Qualified NOT APPLICABLE 12/07/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business P.O. BOX 33352 X Not Applicable 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box INDIALANTIC, Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Zip BRÉVARD Yes No 32903-0352 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, TINO ESQ. 82 111 SOUTH SCOTT STREET В3 MELBOURNE FL 32901 85 Zin Code City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE [NOTE: Registered Agent a gradue, required when reinstating] Signature, typed or printed name of rejetered age d and the it applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addit on ☐ Change DELETE : 1 THUE Þ TITLE FRYE. RONALD 1.2 NAME NAME 339 FRANKLYN AVENUE 1.3 STREET ADDRESS STREET ADURESS INDIALANTIC FL 32903 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 2 1 TITLE TITLE TAYLOR, DOUGLAS 2.2 NAME NAME 8104 WEBB ROAD - #2810 23 STREET ADDRESS STREET ADDRESS **RIVERDALE GA 30274** 24 CITY - ST-7IP City-SI-ZIP Addition | Change DELETE 3 1 DT; F TITLE 3.2 NAME NAMS 3.3 STREET ADDRESS STREET ADDRESS 3.4 City ST-7/P CITY - ST - ZiP Change Addition DE: FTE TITLE NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDERESS STREET ADDRESS 5 4 CHY - ST - ZIF CITY-ST-ZF Add tion Change □ DELETE 6 11'ILE THILF 6.2 NAME NAME 6.3 STHEET ADDRESS STREET ADDRESS 6.4 CHY-SF-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)(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 logal effect as if made under cath; that I am an officer or director of the Coporation 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 chapters, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. FRYE, PRESIDENT

IMAR 96

407-254-1500

Daytene Phone #