

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999-2000

APPROVED AND FILED

00 MAY -1 PM 2:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000006182

1. Corporation Name WENCH'S BREW, INC.

Principal Place of Business 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429

Mailing Address 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

59-3356159

Not Applicable

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 Country

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROVILLO, CHARLOTTE 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTV DELETE NAME TROVILLO, CHARLOTTE M STREET ADDRESS 14434 WEST OZELLO TRAIL CITY-ST-ZIP CRYSTAL RIVER FL 34429

11 TITLE PSV CHANGE NAME TROVILLO, CHARLOTTE M. 12 NAME TROVILLO, CHARLOTTE M. 13 STREET ADDRESS 14434 WEST OZELLO TRAIL 14 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

21 TITLE T CHANGE ADDITION 22 NAME CHE RUBLE 23 STREET ADDRESS 14510 W. TRACHEL COURT 24 CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

400003232824--3 -05/01/00--01101--001 *****150.00 *****180.00

Handwritten signature

14. I hereby certify that the information supplied with this filing 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, with all other title empowered.

SIGNATURE: Charlotte Trovillo Charlotte Trovillo 4-30-00 352-795-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #