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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90103 044 ***150.00

DOCUMENT # P96000088468

1. Corporation Name

YBOR CITY BREWING COMPANY, INC.

Principal Place of Business Mailing Address 2205 NO 20TH STREET 2205 NO 20TH STREET		
2205 NO 20TH STREET 2205 NO 20TH STREET		8((8) 18() 18 8)
TAMPA FL 33605 TAMPA FL 33605		
DO NOT WRITE IN THIS	SPACE	
3. Date incorporated or Qualifed		j
10/28/1996		
2. Principal Place of Business 2a, Mailing Address. 4, FEI Number.		olied.For
21 26 59-3424302		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 A	
22 3, Certificate of Citation Business	Fee Red	quired
City & State City & State 6. Election Campaign Financing	\$5.00 1	May Be
23 Trust Fund Contribution	Added to	Fees
Zip Country Zip Country 8, This corporation owes the current year Inta	ıngible	
24 25 29 30 Personal Property Tax.	Yes	□No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered A	gent	
81 Name		ļ
PEREZ, HUMBERTO 82 Street Address (P.O. Box Number is Not Acceptable)		
2205 NO 20TH STREET 82 Street Address (P.O. Box Number is Not Acceptable)	•	
TAMPA FL 33605	****	
		
FL City	85 Zip C	ode
·	1 1	
Durante the application of Continue 507 0502 and 607 1509. Elevida Statutes, the above named corporation submits this statement for the purpose of	changing its r	egistered
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 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	changing its reg	egistered istered
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not quality 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 acciver 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 effectment with an address, with all other like empowered.

4.4 CTTY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Addition

Addition