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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092539

1. Corporation Name

HARD BOCK BREWING INC

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90032 019 ***150.00

	OOK DIEWWA WO					
Principal Place of Business Mailing Address						(
5401 KIRKMAN ROAD 5 CONCOURSE PARKWAY					1	1
SUITE 200 SUITE 2400					-	DO NOT WRITE IN THIS SPACE
ORLANDO FL 32801 ATLANTA GA 30328					-	3. Date Incorporated or Qualified
}						
<u> </u>		2a. Mailing Address				10/28/1997 4. FEI Number Applied For
	lace of Business Old Park Lane	⊢ , •				59-3475947 Not Applicable
21 6/00	<u> </u>	Suite, Apt. #, etc.			-+	\$8.75 Additional
F-1					5. Certificate of Status Desired Fee Required	
22 27						6. Election Campaign Financing \$5.00 May Be
23 () 2 (0)	indo, Florida	28		در برسو		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	- 	8. This corporation owes the current year Intangible
24328		⊢ ′ -	30		l	Personal Property Tax.
	9. Name and Address of Current		 -		1	10. Name and Address of New Registered Agent
		<u> </u>	81	Name		i
CT	CORPORATION SYSTEM		82		A d d	a /R O. Pay Number in Not Acceptable)
1200 SOUTH PINE ISLAND ROAD				Street	Address	s (P.O. Box Number is Not Acceptable)
PLAN	PLANTATION FL 33324					· · · · · · · · · · · · · · · · · · ·
1				<u> </u>		
			84	City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abov	e-named	corporat	ation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of	f Florida. Such change was au	ithorized by	the corpo	oration's	s board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes	i.		1.
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /AIOTS:	Registered Age	nt signature r	required who	hen reinstating) DATE
12.	OFFICERS AND		13.	o-gribioi o i	- oquiros in in	'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			
NAME	BERK, JAMES G		1.2 NAME			oo old Park Lane Lando, FL 32835
STREET ADDRESS		n	1	TADORESS	610	00 010 120
Į I	ORLANDO FL 32819	,,,	1,4 CITY-5	T_ 7ID	04	-lando, 76 32835
TITLE	VP	7 \$DELETE	2.1 TITLE	11-211	VF	Change Additi
NAME	LEONARD, GREG		2.2 NAME		_{سي}	Scott kittle is to
1	1	10		T ADDRESS	610	oppld Park Lane
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 20	<i>,</i> 0	2.4 CITY-		010	-lando, FL 32835
CITY-ST-ZIP	ORLANDO FL 32819	☐ DELETE	3.1 TITLE	31-ZIF	UV	☐ Change ☐ Additi
NAME	[···		3.2 NAME		ļ	
1	WATSON, JOHN	200		TADDRESS	1	1
STREET ADDRESS	FIVE CONCOURSE PKWY, STE	CUV				· ·
CITY-ST-ZIP	ATLANTA GA 30328	□ DELETE	3.4. CITY- 4.1 TITLE	31-4P	 	☐ Change ☐ Additi
	S IONES LESUE O	_ 5222.2	4. 1 NAME			
NAME	JONES, LESLIE O	200		T ADDRESS	1	•
STREET ADDRESS	· · · = · · · · · · · · · · · · · ·	: 200	4			
CITY-ST-ZIP	ATLANTA GA 30328	☐ DELETE	4.4 CITY-5 5.1 TITLE	11-ZIP	 	☐ Change ☐ Additi
TITLE	DELANEY TUGARA C	□ pereie	5.1 IIILE 5.2 NAME			
NAME	DELANEY, THOMAS G			T ADDOCCO		
STREET ADDRESS	FIVE CONCOURSE PKWAY, STE	: 200	•	T ADDRESS	1	t
CITY-ST-ZIP	ATLANTA GA 30328	"KOELETE	5.4 CITY-5 6.1 TITLE	>1-∠IP	1 3 - 1	Change ☑ Additi
TITLE	VP	's Where is				
NAME	DAWSON, HORACE		6.2 NAME		200	00 Old Park Lane
STREET ADDRESS	5401 KIRKMAN ROAD, SUITE 20	00	6.3 STREE	T ADDRESS	16/0	00 Old Park Care

ORLANDO FL 32819

64 CITY-ST-ZIP

Or Lando, F4 32835

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 like empowered.

SIGNATURE:

CITY-ST-ZIP

<u>1/15/99</u>

770-392-9029