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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003992 (2)
1. Corporation Name
THE SUN VALLEY BREWING CO.



Principal Place of Business Mailing Address
P.O. BOX 389 HAILEY ID 83333 P.O. BOX 389 HAILEY ID 83333-0389

3. Date Incorporated or Qualified 08/06/1996 3a. Date of Last Report

21 202 N. main st. 26 P.O. Box 389
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 82-0420007 Applied For Not Applicable

22 City & State 27
HAILEY, ID HAILEY, IDAHO

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 83333 25 U.S.A 28 83333 30 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, EDWARD
14795 PERDIDO KEY DR., UNIT A-8
PENSACOLA FL 32507

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox.

Table with 6 rows for additions/changes to officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I do 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 and, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (208) 788-5777
Date Daytime Phone #

CR2E034 (9/96)