SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P21154** **(0)**

1. Corporation Name
SIERRA NEVADA BREWING CO.

Principal Place of Business	Mailing Address
1075 E 20TH STREET CHICO CA 95928	1075 E 20TH STREET CHICO CA 95928

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/04/1988**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **68-0025654** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

LOAR, TIMOTHY
711 PARK AVENUE
SANFORD FL 32771-2536

10. Name and Address of New Registered Agent

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMUSI, WILLIAM P.	1.2 NAME		
STREET ADDRESS	6268 WALL LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARADISE CA	1.4 CITY-ST-ZIP		
TITLE	PTD	2.1 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN, KENNETH	2.2 NAME		
STREET ADDRESS	P.O. BOX 374	2.3 STREET ADDRESS		
CITY-ST-ZIP	FOREST RANCH CA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	NONE	☒ Change ☐ Addition
NAME	CAMUSI, SYBIL	3.2 NAME	Camusi, Sybil	
STREET ADDRESS	2041 CUMMINGS DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	NONE	☒ Change ☐ Addition
NAME	GROSSMAN, WARREN	4.2 NAME	Grossman, Warren	
STREET ADDRESS	1517 OLIVE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LA CANADA CA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I/We 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)(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.

SIGNATURE: _____ Ken Grossman 6-30-95 (916) 893-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103736 FN