## 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 # 203582

1. Corporation Name

MARTIN COFFEE COMPANY

Principal Place	of Business	Mailing Addres	s ·		-	<u> </u>	#1181 01108 10110 1101 01	INIA NENEN DIDIA NENEN NI	
MARTIN.AMY.B		MARTIN,AMY B.	MARTIN.AMY B.						
1633 MARSHALL ST		1633 MARSHALL	1633 MARSHALL ST.						
JACKSONVILLE FL 32206			JACKSONVILLE FL 32206			DO NOT WRITE IN THIS SPACE			
US	•	US				3. Date incorporated of	ir Qualifed		
	<u> </u>					06/20/1957 4. FEI Number		I And	olied For
2. Principal Pl	lace of Business	2a. Mailing Add	Iress			1 "		1 <del></del>	Applicable
21	·.	26				59-0804938		\$8.75 A	
Suite, Apt. #, etc.		— —	Suite, Apt. #, etc.			<ol><li>Certifcate of Status</li></ol>	Desired	Fee Re	
22			City & State			A Flastice Communicati		\$5.00	<u></u>
City & State		— ´	<b>⊢</b> ′			6. Election Campaign Trust Fund Contribu	-	•	
23		Zip	Zip Country			Trust Fund Contribution Added to Fees			
Zip Country		29	<b>⊢</b>			8. This corporation owes the current year Intangible Personal Property Tax. Yes. No			
24	9. Name and Address of Cu			J		10. Name and Addres		red Agent	
	9. Name and Address of Co	Trent registered Agen		81	Name		-		
MAR	TIN, AMY B								
	MARSHALL ST.		8			ddress (P.O. Box Number is Not Acceptable)			
	KSONVILLE FL 32206						1		21 (S. 188)
	•			83					
	•			84	City			FI 85 Zip C	ode
44 Discussion	to the provisions of Sections 607	7 0502 and 607 1508 Flo	rida Statutes	the above	e-named con	poration submits this statem	ent for the purpos	se of changing its	registered
office or n	egistered agent or both in the S	state of Florida. Such cha	nge was author	orized by	the comorat	ion's board of directors. I he	reby accept the a	ppointment as reg	gistered
	ogiotoroa agariti or com, m me -				and deliberate				
agent. I a	im familiar with, and accept the o	bligations of Section 607	7.0505, Florida	Statutes.					,
agent. I a	ım familiar with, and accept the o	bligations of Section 60	7.0505, Flonda	a Statutes.	•	·	DAT		
agent. I a	m familiar with, and accept the o	bligations of, Section 604 and agent and title if applicable	7.0505, Flonda	gistered Agen	•	red when reinstating)	DAT	E	
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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:

**FILED** 

Jan 30, 1999 8:00am

**Secretary of State** 

01-30-1999 90005 041 \*\*\*150.00