FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # **576395** **(8)**

1. Corporation Name

HOSPITAL COFFEE SHOPPES, INC.

Principal Place of Business	Mailing Address
3755 BENSON DRIVE P. O. BOX 40549 RALEIGH NC 27629	3755 BENSON DRIVE P. O. BOX 40549 RALEIGH NC 27629

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: **06/21/1978**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **62-1035465** ☐ 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

8. Is corporation qualified for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HASTINGS, SHIRLEY A
1315 MASSACHUSETTS AVENUE
PENSACOLA FL 32505

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 Section 607.0502 and 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FRITSCH, CATHERINE B.		12 NAME	
STREET ADDRESS	3755 BENSON DR.		13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		14 CITY-ST-ZIP	
TITLE	P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DEANS, DENNIS		22 NAME	
STREET ADDRESS	3755 BENSON DR		23 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		24 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JACK		32 NAME	
STREET ADDRESS	3755 BENSON DR.		33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: _____ JACK JACKSON 4/15/96 919 876 2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #