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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041899

STARBUCK FAMILY ENTERPRISES, INCORPORATED

Principal Place of Business			Mailing Address				
211 3RD ST.			12109 CRANEFOOT DRIVE				
NEPTUNE BCH FL 32266			JACKSONVILLE FL 32223				DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualifed
							05/16/1996
2 Principal Pl	ace of Business	22	. Mailing Address				4. FEI Number Applied For
-			26				59-3379828 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Electior Campaign Financing \$5.00 May Be
23		28	_				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	intry		8. This co poration owes the current year intangible
24	25	29		30			Personal Property Tax. Yes []No
	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered Agent
OT.1.	TOTAL STATE				81	Name	
STARBUCK, J. MARK 12109 CRANEFOOT DRIVE						Street A	Ad Iress (P.O. Box Number is Not Acceptable)
JACK	(SONVILLE FL 32223				83	ı	
					84	City	85 Zip Code
						•	F _ d co poration submits this statement for the purpose of changing its registered
SIGNATURE	m familiar with, and accept the obligation of registered agert specific states and accept the obligation of registered agert specific spec	nt and title	a if applicable. (NO	TI: Registered			required when reinstatung) DATE
12.	OFFICERS AN	E DIR		13.		<u> — </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S IN 12
TITLE	P		☐ DELETE	1.1 Ti		-	T ROYALATE STARBULK
NAME	J. MARK STARBUCK			1.2 N			12 MA CRANEFOOT DR.
STREET ADDRE 3S	12109 CRANEFOOT DR.			4		ADDRESS	J. ROXANNIE STARBULK 12109 CRANEFOOT DR. JACUSONVILLE, FL 32223
CITY-ST-ZIP	JACKSONVILLE FI.				TY-S	r-ZIP	Change Addition
TITLE			☐ DELETE	2.1 T		1	Change
NAME				2.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			DELETE	3.1 TI		T-ZIP	Change Addition
TITLE					3.2 NAME		
NAME						ADDRESS	
STREET ADORESS				1		T-ZIP	
CITY-ST-ZIP			DELETE	4.1 1		1-21	☐ Change ☐ Addition
TITLE NAME				4.21		1	
STREET ADDRESS						ADDRESS	
				i i	ITY-S		
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI			Change Addition
NAME				5.2 N			
STREET ADDRESS				538	TREET	ADDRESS	5
CITY-ST-ZIP				5.4 C	ΠY-\$`	r-zip	
TITLE			☐ DELETE	6.1 7	TLE		☐ Change ☐ Addition
NAME				62 N	AME		
STREET ADDRESS				6.3 S	TREE	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 cerporation of 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, o an address, with all other like empowered

64 CITY-ST-ZIP

CITY-ST-ZIP

NG OFFICI R OR DIRECTOR

904-268-2609 XZID

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90043 042 ***150.00

CR2E034 (11/98)