

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 19 1998 8:00am  
Secretary of State

DOCUMENT # P97000023338 (1)

1. Corporation Name

KEY WEST COFFEE & SEASONINGS, INC.



Principal Place of Business

Mailing Address

1107 KEY PLAZA, #249  
KEY WEST FL 33040

P.O. BOX 2415  
FT MYERS FL 33932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

05-0751456

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. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1107 Key Plaza

Suite, Apt. #, etc.

27 #249

City & State

28 Key West, Fl.

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 300  
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

Osgood, Yvonne L.

82 Street Address (P.O. Box Number is Not Acceptable)

15161 Cedarwood Lane, #1201

83

84 City

Naples

FL

85 Zip Code  
34110

11. Pursuant to the provisions of Sections 607.0102 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 *Yvonne L. Osgood*

Yvonne L. Osgood, Vice President

2-4-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS YOUNG, WILLIAM A  
CITY-ST-ZIP 27931 CARL CIRCLE  
BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME D  
STREET ADDRESS OSGOOD, YVONNE L  
CITY-ST-ZIP 27931 CARL CIRCLE  
BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Young, William A. (N/A)  
1.3 STREET ADDRESS P.O. Box 2415  
1.4 CITY-ST-ZIP Fort Myers Beach, Florida 33932

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Osgood, Yvonne L.  
2.3 STREET ADDRESS 15161 Cedarwood Lane, #1201  
2.4 CITY-ST-ZIP Naples, Florida 34110

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE *Yvonne L. Osgood* 2-4-98

1-888-539-2233

CR2E034 (10/97)