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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # **S69689**

(5)

1. Corporation Name

CENTRE CAFE, INC.

Principal Place of Business

**421 WEST CHURCH STREET
JACKSONVILLE FL 32202**

Mailing Address

**421 WEST CHURCH STREET
JACKSONVILLE FL 32202-4173**



2. Principal Place of Business

21 **12468 Lydia Woods Court**

Suite, Apt. #, etc.

22 City & State

23 **Jacksonville FL**

Zip

24 **32258**

Country

25 **USA**

2a. Mailing Address

26 **12468 Lydia Woods Court**

Suite, Apt. #, etc.

27 City & State

28 **Jacksonville FL**

Zip

29 **32258**

Country

30 **USA**

3. Date Incorporated or Qualified

07/26/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3073966

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**COINTEPOIX, KATHLEEN L.
421 WEST CHURCH STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **Kathleen L. Coitepoix**

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

12468 Lydia Woods Ct.

83

84 City **Jacksonville**

FL

85 Zip Code

32258

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

SIGNATURE

Kathleen L. Coitepoix

Signature of type of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE

NAME **DIETRICH, MICHAEL**
STREET ADDRESS **12468 LYDIA WOODS COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☐ DELETE

NAME **COINTEPOIX, KATHLEEN L.**
STREET ADDRESS **12468 LYDIA WOODS COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **René A. Coitepoix**
1.3 STREET ADDRESS **12468 Lydia Woods Ct.**
1.4 CITY-ST-ZIP **Jacksonville FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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:

Kathleen L. Coitepoix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 19910

CR2E034 (9/96)