

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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 376401

(6)

1. Corporation Name:
GOLD CUP COFFEE SERVICE, INC.

Principal Place of Business
10320 LAKE CARROLL WAY
TAMPA FL 33618

Mailing Address
10320 LAKE CARROLL WAY
TAMPA FL 33618-4771



3. Date Incorporated or Qualified
02/01/1971

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1323267

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

10. Name and Address of New Registered Agent

BURTON, ELIZABETH L
10320 LAKE CARROLL WAY
TAMPA FL 33618

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDCE ☐ DELETE
NAME BURTON, WILLIAM J JR.
STREET ADDRESS 3310 MCFARLAND RD
CITY- ST- ZIP TAMPA, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE CD ☐ DELETE
NAME BURTON, ELIZABETH L
STREET ADDRESS 10320 LK CARROLL WAY
CITY- ST- ZIP TAMPA, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE SCF ☐ DELETE
NAME BURTON, ELIZABETH L
STREET ADDRESS 10320 LK CARROLL WAY
CITY- ST- ZIP TAMPA, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE VP ☐ DELETE
NAME CROCKETT, STEVEN D.
STREET ADDRESS 16540 OFFENHAUR RD.
CITY- ST- ZIP ODESSA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE T ☐ DELETE
NAME FOLEY, CONAL O.
STREET ADDRESS 9411 BELLHAVEN ST.
CITY- ST- ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

Conal O. Foley CONAL O FOLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97
Date

(813) 763-3333
Daytime Phone #

CR2E034 (9/96)