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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 376401 1. Corporation Name

GOLD CUP COFFEE SERVICE, INC.

Principal Place of Business	Mailing Address
10320 LAKE CARROLL WAY	10320 LAKE CARROLL WAY
TAMPA FL 33618	TAMPA FL 33618

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90079 034 ***150.00



							(1)
Principal Place	of Business	Mailing Address		_	1 188189 1411 19818 \$1411 \$1811 \$2791 1181		
10320 LAKE CARROLL WAY TAMPA FL 33618 10320 LAKE CARROLL WAY TAMPA FL 33618		ļ		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 02/01/1971		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			59-1323267	لـــــــــــــــــــــــــــــــــــــ	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	* * * *	5 Additional Required
City & State	9	City & State	•		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees_
Zip	Country	Zip	Country	у	8. This corporation owes the current ye	ar Intangible	
24	25	29 30	7	_	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent	
			81	Name			}
l	TON,ELIZABETH L 10 LAKE CARROLL WAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
TAMI	PA FL 33618		83	B			
	•		84	1 '		FL	Zip Code
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	опиес ву	/ the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing appointment a	j its registered s registered
SIGNATURE							
<u></u>	Signature, typed or printed name of registered agen			ent signature require		TE AND DIDE	CTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Chan	
TITLE	PDCE	C) DELETE	1.1 TITLE			الما الما	ige
NAME	BURTON, WILLIAM J JR.		1.2 NAME	1		•	}
STREET ADDRESS	3310 MCFARLAND RD			T ADDRESS			1
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELETE	14 CITY-5			Char	nge
TITLE	CD	C) DECEILE	2.1 TITLE	l l		Д бла	.go
NAME	BURTON, ELIZABETH L		2.2 NAME	i	•		J
STREET ADDRESS	10320 LK CARROLL WAY		ľ	ET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000	- December	2.4 CITY-	ST-ZIP		☐ Chan	ige Addition
TITLE	SCF	☐ DELETE	3.1 TMLE	Ì		ر Cilan	ge
NAME	BURTON, ELIZABETH L		32 NAME				
STREET ADDRESS	10320 LK CARROLL WAY			T ADDRESS)
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELETE	3.4. CITY- 4.1 TITLE				nge Addition
TITLE	VP					البا د.البا	
NAME	CROCKETT, STEVEN D.		4. 2 NAME	ì			ſ
STREET ADDRESS	16540 OFFENHAUR RD.			ET ADDRESS			
CITY-ST-ZIP	ODESSA FL	☐ DELETE	4.4 CITY-5 5.1 TITLE			 ☐ Char	nge Addition
TITLE	FOLEY CONN. C	_	5.1 IIILE 5.2 NAME			ر چانما	
NAME	FOLEY, CONAL O. 9411 BELLHAVEN ST. 2722	TETTON AVE		ET ADDRESS	•		ĺ
STREET ADDRESS	TAMPA CI		5.4 CITY-1	i			}
CITY-ST-ZIP	TAMPA FL	☐ DELETE	6.1 TITLE			[] Char	nge Addition
TITLE			6.2 NAME	i		1,,,,	
NAME				ET ADDRESS			
STREET ADDRESS			64 CITY-0				j

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, with all other like empowered.