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MAY 16 1995

55 MAY - 1 1995

TALLA ASSESSOR

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000000096 (7)

1. Corporation Name

THE COFFEE STATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1994
3a. Date of Last Report

4. FEI Number 91-1609644
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 USCF, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. Suite 210 27. Suite 210
City & State City & State

23. City & State 28. City & State

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 date)

(Signature typed or printed name of registered agent and date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PDT
NAME HUGHES, JOSEPH L.
STREET ADDRESS 7683 SE 27TH STREET
CITY, ST, ZIP MERCER ISLAND WA 98040

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
500001501115
-05/30/95--01030--0034
*****200.00 *****200.00

2. TITLE VDS
NAME SAWYER, E D
STREET ADDRESS 7683 SE 27TH STREET
CITY, ST, ZIP MERCER ISLAND WA 98040

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3. TITLE D
NAME MORBECK, JOHN P
STREET ADDRESS 1301 FIFTH AVENUE, SUITE 3320
CITY, ST, ZIP SEATTLE WA 98101

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4. TITLE D
NAME CABLE, THOMAS C
STREET ADDRESS 777 108TH AVENUE NE SUITE 2300
CITY, ST, ZIP BELLEVUE WA 98004

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5. TITLE D
NAME NORBERG, DOUGLAS S
STREET ADDRESS 1201 THIRD AVENUE, SUITE 2000
CITY, ST, ZIP SEATTLE WA 98101

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
D HUTCHINSON, GEORGE P.
TWO UNION SQUARE, 601 UNION ST., SUITE 5530
SEATTLE, WA 98101

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this information was obtained from the annual report or significant annual report as 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 principal officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an office document with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

206-232-7637