

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005389 (1)

1. Corporation Name

KOFFEE KORNER INC.



Principal Place of Business

Mailing Address

1262 BEACH BLVD
JACKSONVILLE BEACH FL 32250

1262 BEACH BLVD
JACKSONVILLE BEACH FL 32250

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

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
04/28/1995

4. FEI Number
91-1625504

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

PUTHEFF, JAN
821 N. 2ND ST.
APT. 9
JACKSONVILLE BEACH FL 32250

81 Name Jeff Puthoff
82 Street Address (P.O. Box Number is Not Acceptable)
1100 Sengate Ave
83 Apt 284
84 City Neptune Bch FL 85 Zip Code 32246

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 *Jeff Puthoff* President

7-15-96

Signature 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	PC	<input type="checkbox"/> DELETE
NAME	PUTHOFF, JEFF	
STREET ADDRESS	821 N. 2ND STREET, APT 9	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	SVC	<input checked="" type="checkbox"/> DELETE
NAME	PUTHOFF, JAN	
STREET ADDRESS	821 N 2ND STREET, APT. 9	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, CHARLIE	
STREET ADDRESS	14109-C SMOKEY POINT BLVD	
CITY-ST-ZIP	MARYSVILLE WA 98271	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, NANCY	
STREET ADDRESS	709 SUMMIT	
CITY-ST-ZIP	SNOHOMISH WA 98290	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PIC/IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Puthoff Jeff	
13 STREET ADDRESS	1100 Sengate Ave Apt 284	
14 CITY-ST-ZIP	Neptune Bch, FL 32246	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *President Secretary Jeff Puthoff* 7-15-96

904-244-8275

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)