

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # F95000005659 (6)

1. Corporation Name

FRENCH QUARTER COFFEE COMPANY



Principal Place of Business

Mailing Address

ONE CORPORATE PLACE
55 FERNCREFT ROAD
DANVERS MA 01923

ONE CORPORATE PLACE
55 FERNCREFT ROAD
DANVERS MA 01923-4001

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

04-3282314

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

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

10. Name and Address of New Registered Agent

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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BAUMHAUER, WILLIAM H	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCREFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCREFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	VPCT	<input type="checkbox"/> DELETE
NAME	BENSON, EARL	
STREET ADDRESS	55 FERNCREFT RD.	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	GCSV	<input type="checkbox"/> DELETE
NAME	REDEPENNING, CHARLES W	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCREFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TITUS, LEO	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCREFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DIMILLO, ALBERT A JR.	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCREFT ROAD	
CITY-ST-ZIP	DANVERS MA 01923	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Donald Moore
3.4 CITY-ST-ZIP	One Corporate Place, 55 Ferncroft Rd. Danvers, MA 01923
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Assistant Treas.
6.3 STREET ADDRESS	Michael Hulley
6.4 CITY-ST-ZIP	One Corporate Place, 55 Ferncroft Rd. Danvers, MA 01923

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:

Michael Hulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.97
Date

(508) 774-9115
Daytime Phone # 0000787

CR2E034 (9/96)