

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G40799** (0)

1. Corporation Name

JULIE'S CAFE, INC.



Principal Place of Business

**351 SOUTH GULFVIEW BLVD
CLEARWATER BEACH FL 34630-2445**

Mailing Address

**351 SOUTH GULFVIEW BLVD
CLEARWATER BEACH FL 34630-2445**

3. Date Incorporated or Qualified
05/24/1983

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NICHOLS, JULIE
351 S GULFVIEW BLVD
CLEARWATER FL 34630**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

4. FEI Number
59-2345936

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

10. Name and Address of New Registered Agent

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 true in all respects)

Signature (Typed or printed name of registered agent and true in all respects)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

**PTD
NICHOLS, JULIE F
678 SNUG ISLAND
CLEARWATER FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
NICHOLS, ANDREW
678 SNUG ISLAND
CLEARWATER FL**

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
NICHOLS, ANDREW
678 SNUG ISLAND
CLEARWATER FL**

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
NICHOLS, ANDREW
678 SNUG ISLAND
CLEARWATER FL**

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
NICHOLS, ANDREW
678 SNUG ISLAND
CLEARWATER FL**

☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VD
NICHOLS, ANDREW
678 SNUG ISLAND
CLEARWATER FL**

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

NAME

STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julie Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

813-441-8019
Daytime Phone

CR2E034 (12/95)