FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G48361** **(1)**

1. Corporation Name

COFFEE KETTLE, INC.

Principal Place of Business	Mailing Address
16900 FRONT BEACH ROAD PANAMA CITY FL 32413	16900 FRONT BEACH ROAD PANAMA CITY FL 32413

3. Date Incorporated or Qualified: 07/12/1983
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-2338309 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HILL, PAIGE J.
16241 E LULLWATER DR
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name: Jack G. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 514 Magnolia Ave.
83
84 City: Panama City FL 85 Zip Code: 32401

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: Jack Williams 4/23/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, SR., W. A.		1.2 NAME	
STREET ADDRESS	16231 E LULLWATER DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, PAIGE J.		2.2 NAME	
STREET ADDRESS	16241 E LULLWATER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HELMS,MICHAEL F.		3.2 NAME	
STREET ADDRESS	6433 STONEY POINY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: Ollie Paige Hill 4/16/96 (904)234-5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)