

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G48361** (1)
1. Corporation Name
COFFEE KETTLE, INC.

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

Mailing Address
**16900 FRONT BEACH ROAD
PANAMA CITY FL 32413-2345**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1983	3a. Date of Last Report 04/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2338309	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, JACK G 514 MAGNOLIA AVENUE PANAMA CITY FL 32401		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 type and printed name 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	P	1.1 TITLE	C
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	32413
TITLE	VT	2.1 TITLE	P/S/T
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	32413
TITLE	S	3.1 TITLE	V
NAME	HELMS, MICHAEL F.	3.2 NAME	
STREET ADDRESS	8433 STONEY POIN RD	3.3 STREET ADDRESS	PO Box 8109 N/A
CITY- ST- ZIP	PANAMA CITY FL 32404	3.4 CITY- ST- ZIP	Southport, FL 32409
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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:


SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 (904) 234-5628