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

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # (8)H24950 JOFFREY'S COFFEE & TEA CO. Principal Place of Business Mailing Address 1711 WEST PLATT STREET 1711 WEST PLATT STREET TAMPA FL 33606-1835 TAMPA FL 33606-1835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1984 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-2472816 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALTER IV, ADOLPH W. 77 Adolph WALTER 4517 W. OHIO AVENUE 82 **TAMPA FL 33614 B3** 1411 West Platt STREET TAMPA 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 ACCOUNT WALTER 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE Change TITLE **PSDC** 1.1 TITLE Addition WALTER ADOLPH W. TV NAME WALTER, ADOLPH W. IV 1.2 NAME 711 West PLATT STREET STREET ADDRESS 4517 W. OHIO AVENUE 1.3 STREET ADDRESS AMPA FL 33606 TAMPA FL 1.4 CITY- ST- ZIP CITY-ST-ZIP DELETE 21 TITLE Addition TITLE HICKEY ROBERT M. NAME HICKEY, ROBERT M. 22 NAME 1711 WEST PLATT STREET STREET ADDRESS 4517 W OHIO AVE 2.3 STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP tampa fl 2. 4 CITY- ST- ZIP Change Addition DELETE TITLE 3.1 TITLE LENART, JANIES K. 1711 West PLATT STREET 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS TAMPA PL 33606 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 attachage. 1-7 1-9 8 813-250-0404