FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K98598** **(1)**

1. Corporation Name
COFFEE-USHER, INC.

Principal Place of Business	Mailing Address
C/O E.T. USHER PO BOX 843 CHIEFLND FL 32626	C/O E.T. USHER PO BOX 843 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6551 NW 100th St.
22 Suite, Apt. #, etc.:
23 City & State: CHIEFLAND FL
24 Zip: 32626 25 County: LEVY

2a. Mailing Address
26: P.O. Box 843
27 Suite, Apt. #, etc.:
28 City & State: CHIEFLAND FL
29 Zip: 32626 30 County: LEVY

4. FEI Number: 59-2956311 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

USHER, E.T.
HIGHWAY 345 WEST
PO BOX 843
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name: E.T. USHER
82 Street Address (P.O. Box Number is Not Acceptable): 6551 NW 100th STREET
83: P.O. Box 843
84 City: CHIEFLAND FL 85 Zip Code: 32626

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 04/25/95
Signature, typed or 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	D	11 TITLE	☒ Change	☐ Addition
NAME	USHER, E.T.	12 NAME		
STREET ADDRESS	HWY 345 W.,PO BOX 843	13 STREET ADDRESS	6551 NW 100th St., P.O. Box 843	
CITY-ST-ZIP	CHIEFLND FL	14 CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	D	21 TITLE	☐ Change	☐ Addition
NAME	COFFEE, BILL B.	22 NAME		
STREET ADDRESS	3 COFFEE ST., BOX 336	23 STREET ADDRESS		
CITY-ST-ZIP	HARRISON NE	24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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, added or deleted.

SIGNATURE: [signature] 04/25/95 (904)493-4221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E.T. USHER

0412478 FP