

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90036 015 ***150.00

DOCUMENT # M78832

1. Corporation Name
H & R COFFEE CO.



Principal Place of Business
C/O H & R COFFEE CO
2936 DAWN RD
JACKSONVILLE FL 32207
US

Mailing Address
2936 DAWN RD
10384 BAYTREE CIR W
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 H&R Coffee Company		26		05/02/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2985 Mercury Road		27 11278 Kinrose Ct.		59-2893075	
City & State		City & State		Applied For	
23 Jacksonville, FL		28 Jacksonville, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☐	
24 32207		29 32257		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30 USA		Trust Fund Contribution ☐	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

HEEKIN, T. GEOFFREY
8375 SIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **Geoffrey T. Heekin**

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 477

83

84 City **Jacksonville** FL 85 Zip Code **32201**

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 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	PDT ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HARTLEY, SUSAN L.	1.2 NAME	Susan L. Hartley
STREET ADDRESS	2936 DAWN RD	1.3 STREET ADDRESS	2985 Mercury Road
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0034302