

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # **P92000011983 (3)**
1. Corporation Name

THE COFFEE CUP, INC.



Principal Place of Business
**520 E CERVANTES STREET
PENSACOLA FL 32501**

Mailing Address
**520 E CERVANTES STREET
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

59-3151440

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**THOMAS, LARRY W
1600 N 15TH AVE
PANSACOLA FL 32503**

10. Name and Address of ~~Now~~ Registered Agent Current

81 Name **Larry W. Thomas**
82 Street Address (P.O. Box Number is Not Acceptable)
7175 Klondike Rd.
83
84 City **Pensacola, FL** 85 Zip Code **32526**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, LARRY W	
STREET ADDRESS	1600 N. 15TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	THOMAS, SHEILA T	
STREET ADDRESS	1600 N 15TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500002625735
2.3 STREET ADDRESS	-08/26/98--01083--006
2.4 CITY-ST-ZIP	***150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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)(l), 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: **Sheila T. Thomas** **Aug 17 1998** **850-432-7060**

CR2E034 (5/98)

THE COFFEE CUP
520 EAST CERVANTES
PENSACOLA, FL 32501

Pja

Florida Dept. OF State
Division OF Corporations

Aug. 17, 1998

To Whom It May Concern;

I, Sheila Thomas, recently received a second notice for our 1998 corporation annual report. I did not receive the first notice. I called 1-850-487-6056 at your office and dissussed this with Marcia and she said to send this in wrighting to you. Please accept the \$150.00 check for our fee. If you will check our record you will see that I am not late on filing in the past. Document# P92000011983 (3)
FEI#59-3151440

THE COFFEE CUP, INC.

Please waive late fee because of incomplete mail delivery.

Thank You,

Sheila Thomas