

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000040211 (3)

1. Corporation Name

THE COFFEE CONNOISSEUR, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 3427  
HAVANA FL 32303

ROUTE 1, BOX 3427  
HAVANA FL 32303

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 TALLAHASSEE MAIL

26 721 SOUTH RIDE

Suite, Apt #, etc

Suite, Apt #, etc

22 2415 North Monroe ST

27

City & State

City & State

23 TALLAHASSEE FL

28 TALLAHASSEE FL

Zip

Country

Zip

Country

24 32303

25 LEON

29 32303

30 LEON

5. Certificate of Status Desired

Applied For  
Not Applicable

6. Election Campaign Financing  
Trust Fund Contribution

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, MARTIN S ESQ.  
ROSE, SUNDSTROM & BENTLEY  
2548 BLAIRSTONE PINES DRIVE  
TALLAHASSEE FL 32301

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, 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 P  
NAME CHESTNUTT, HEIDI  
STREET ADDRESS ROUTE 1 BOX 3427  
CITY - ST - ZIP HAVANA FL

TITLE ST  
NAME CHESNUTT, JERRY  
STREET ADDRESS ROUTE 1 BOX 3427  
CITY - ST - ZIP HAVANA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE P  
1.2 NAME CHESTNUTT, HEIDI  
1.3 STREET ADDRESS ROUTE 1 BOX 3427  
1.4 CITY - ST - ZIP HAVANA FL 32303

2.1 TITLE ST  
2.2 NAME CHESNUTT, JERRY  
2.3 STREET ADDRESS ROUTE 1 BOX 3427  
2.4 CITY - ST - ZIP TALLAHASSEE, FL 32303

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jerry Chesnutt

6-10-96

488-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (3/96)