FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000067609 (6)

1. Corporation Name

FRESH BRU OF JACKSONVILLE, INC.

Principal Place of Business

2237 CHERYL DR
JACKSONVILLE FL 32217
US

Mailing Address

P.O. BOX 23730
JACKSONVILLE FL 32241-3730
US

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-3200379 — Applied For / Not Applicable

2. Principal Place of Business
21 7773 Collins Ridge Blvd.
Suite, Apt. #, etc
22
City & State
23 Jacksonville, FL
Zip 24 32244 Country 25 Duval

2a. Mailing Address
26 7773 Collins Ridge Blvd.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32244 Country 30 Duval

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUNN, JEFFREY D
200 W FORSYTH STREET
SUITE 1430
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Charles F. Lewis, III
82 Street Address (P.O. Box Number is Not Acceptable): 7773 Collins Ridge Blvd.
83
84 City: Jacksonville FL 85 Zip Code 32244

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] Charles F. Lewis, III President (904) 262-2909

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	D	☒ DELETE
NAME	DODSON, MARGARET R	
STREET ADDRESS	2237 CHERYL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ DELETE
NAME	DODSON, WALTER S	
STREET ADDRESS	2237 CHERYL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D, S, T	☐ Change ☒ Addition
1.2 NAME	Lewis, Charles F. III	
1.3 STREET ADDRESS	7773 Collins Ridge Blvd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32244	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [signature] (904) 262-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles F. Lewis, III - President