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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P93000067609 (6)

FRESH BRU OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



7773 COLLINS RIDGE BLVD. 7773 COLLINS RIDGE BLVD. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9555 SUNBENY CTR DR PO BOX 59-3200379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be JACKSONV VILLE, FO Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 3224 25 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEWIS, CHARLES F #1 ERRELL 7773 COLLINS RIDGE BLVD. 82 JACKSONVILLE FL 32244 84 City 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. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. RESIDENT, DIS, DELETE Change Addition TITLE 1.1 TITL€ TERRELL E LEWIS, CHARLES F NI NAME 1.2 NAME 7773 COLLINS RIDGE BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZW 2. 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE. Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Addition TITI F NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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