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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Applied For Not Applicable

Fee Required

**\$5.00** May Be

Zip Code

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400009235 (0)

THE TEA CART, INC.

City & State

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Zip

Principal Place of Business	Mailing Address				
60 NORTHCLIFF DRIVE GULFBREEZE FL 32561 US	P.O. BOX 580 GULF BREEZE FL 32562-0580 US				
ļ		3. Date Incorporated or Qualified	3a. Date of Last Report		
		01/27/1994	05/01/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-3219092	Not Applica		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional		

City & State

28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FRITZ, SUSAN D 1012 PANFERIO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32581 83

6. Election Campaign Financing

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

onice or r agent. I a	egistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sec	ich change was auf lion 607.0505, Florid	horized by the corp da Statutes.	poration's board of directors. I hereby accept the app	ointment as r	registered
SIGNATURE	Signature typed or printed name of registered agent and title it applie	oble (NOL)	trackend Parm's ignative	required which rehistalized) DATE	·— <del>·</del> ———	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 12
TITLE	P	☐ DELFTE	1.0 TO LE		Change	Addilion
NAME	FRITZ, SUSAN D		1.2 NAME			
STREET ADDRESS	1012 PANFERIO DRIVE		1.8 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP			
TITLE	VP	DELETE	2.4 10115		Change	Addilion
NAME	ROGGENBUCK, BESSIE B		2.2 NAME			
STREET ADDRESS	2829 BAY STREET		2.8 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL		2. 4 CITY-ST-ZIP			
TITLE	ST	DELFTE	3.1 TITLE		Change	Addition
NAME	GARZA, MARSHA R		3.2 NAME			
STREET ADDRESS	2475 W BAYSHORE ROAD		3.8 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL		3.4. CITY - ST - ZIP			.
TITLE	D	DELETE	4.1 TITLE		Change	Addition
NAME	ROGGENBUCK, EDWARD O		4. 2 NAME			
STREET ADDRESS	2829 BAY STREET		4.8 STREET ADDRESS			ļ
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	5.1 TITEF		Change	Addition
NAME	FRITZ, BLAINE A		5.2 NAME			
STREET ADDRESS	1012 PANFERIO DR		5.8 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA BEACH FL		5.4 CHTY - ST - 7IP			
TITLE		DELETE	6.1 THLE		Change	Addition
NAME			6.2 NAME			į
STREET ADDRESS			6.8 STREET ADDRESS			
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14. I do 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 eath; 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