

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039945 (8)

1. Corporation Name

AMELIA ISLAND GOURMET COFFEE COMPANY, INC.



Principal Place of Business

Mailing Address

THREE N 4TH STREET
FERNANDINA BEACH FL 32034

THREE N 4TH STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

21 3 NORTH 4TH ST

26 3 NORTH 4TH ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 FERNANDINA BEACH, FL

City & State

28 FERNANDINA BEACH, FL

Zip

24 32034

Country

25 NASSAU

Zip

29 32034

Country

30 NASSAU

9. Name and Address of Current Registered Agent

SIMONET, W F
400 N FERN CREEK AVE
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

05/01/1995

4. FEES

58-2113379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature type for professional, nonprofessional, or volunteer

(Note: Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D BARRETT, BETH A
STREET ADDRESS 8514 BLACK CREEK BLVD
CITY- ST- ZIP ORLANDO FL 32829

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETH A. BARRETT

5/1/96 904 321 2111
Date Date Printed

CR2E034 (12/95)