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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000039945

AMELIA ISLAND GOURMET COFFEE COMPANY, INC.

Principal Place	e of Business	Ma	ailing Address				1							
207 CENTRE ST		207	207 CENTRE ST											
FERNANDINA B	EACH FL 32034	_	rnandina beach fl	32034						O NOT	MOITE IS		CDACE	
us		US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
					٠.					or Quali	rea			
								05/23					1-1-1-	
2. Principal P	lace of Business	2a.	Mailing Address				ĺ	4. FEI Nu					$\vdash$	pplied For
21		26						<u> 58-21</u>	<u> 13399                                  </u>					lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5 Certifoa	ate of Statu	s Desire	d 🗆			Additional
22		27											Fee I	Required
City & State			City & State				6. Election	n Campaigi	n Financi	ing 🗆			<b>)</b> May Be	
23		28						Trust F	und Contrib	bution			Adde	to Fees
Zip Country Zip				0	Country			8. This co	rporation o	wes the	current y	ear Int	angible	_
24	25	29		30				Person	al Property	Tax.			☐Yes	₩No
1	9. Name and Address of Curre	nt Regis	tered Agent				1	0. Name	and Addre	ss of Ne	w Regis	tered .	Agent	
					81	Name								
SIMO	ONET, W F				82	Ctunat	Addross	/D O Pov	Number is	Not Acc	entable)			
400	n Fern Creek ave				02	Sugge	Address	(P.O. BOX	MUITIDEI 18	INUL ACE	ehranie)			
ORL	ANDO FL 32803				83									
					84	City						FL	85 Zi	Code
		00 10	07 4500 FL. (1- C)-4	4 11-				iaa oubmit	a this state	mont for	the nurn		changing i	te registered
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	nt Hono	ia. Such change was	autnoriz	zeo ov	ine coib	corporation's	board of d	is this state lirectors. I f	hereby a	ccept the	appoil	ntment as	egistered
agent. I a	m familiar with, and accept the oblig-	ations of,	Section 607.0505, FI	lorida St	tatutes									
SIGNATURE												ATE		~
Signature, typed or printed name of registered agent and title it applicable					TEN ADER	i skonanita t	required whe	on remstating)			77	WIE .		
						a Digitataria			NIC/CHAN	CES TO	OFFICE	DC 41	ID DIDECT	ORS IN 12
12.	OFFICERS A		CTORS	1:	3.		1		ONS/CHAN	GES TO	OFFICE	RS A		ORS IN 12
12. TITLE	OFFICERS A			1,1	3.			ADDITIO					D DIRECT	
12.	OFFICERS A  D  BARRETT, BETH A		CTORS	1.1 1.1 1.2	3. 1 TITLE 2 NAME		ze	ADDITIO						
12. TITLE	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS	1.1 1.1 1.2	3. 1 TITLE 2 NAME	ADDRESS	130	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition
12. TITLE NAME	OFFICERS A  D  BARRETT, BETH A		CTORS DELETE	1.1 1.2 1.3	3. 1 TITLE 2 NAME	ADDRESS	130	ADDITION THE	L BA	rri ST	<u> </u>		Change	<ul><li>□ Addition</li><li>≥ ○ 3 4</li></ul>
12. TITLE NAME STREET ADDRESS	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS	1.1 1.2 1.3 1.4	3. 1 TITLE 2 NAME 3 STREET	ADDRESS	130	ADDITION THE	L BA	rri ST	<u> </u>		Change	<ul><li>□ Addition</li><li>≥ ○ 3 4</li></ul>
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS DELETE	1.3 1.4 1.3 1.4 2.1	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS	130	ADDITION THE	L BA	rri ST	<u> </u>		Change	<ul><li>□ Addition</li><li>≥ ○ 3 4</li></ul>
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	<ul><li>□ Addition</li><li>≥ ○ 3 4</li></ul>
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADORESS	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	<ul><li>□ Addition</li><li>≥ ○ 3 4</li></ul>
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET	ADORESS	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS  DELETE  DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	ADORESS	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS  DELETE  DELETE	11: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET	ADDRESS T-ZIP TADDRESS T-ZIP	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS  DELETE  DELETE	11. 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S	ADDRESS T-ZIP TADDRESS T-ZIP	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	OFFICERS A D BARRETT, BETH A 8514 BLACK CREEK BLVD		CTORS  DELETE  DELETE	11.1 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET	ADDRESS T-ZIP TADDRESS T-ZIP	Be 130 Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		CTORS  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME	ADORESS T-ZIP ADORESS T-ZIP ADORESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		CTORS  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET	ADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4	3. 1 TITLE 2 NAME 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 2 TITLE 2 NAME 3 STREET 2 NAME 3 STREET 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 5 TITLE	ADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		CTORS  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1	3. 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 1 TITLE	ADORESS T-ZIP TADORESS T-ZIP TADORESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1 5.2	3, 1 TITLE 2 NAME 2 NAM	ADORESS T-ZIP  ADORESS T-ZIP  ADORESS T-ZIP  ADORESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition  Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1 5.2 5.3	3, 1 TITLE 2 NAME 3 STREET 1 TITLE 1 TITLE 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1 5.2 5.3 5.4	3, 1 TITLE 2 NAME 2 NAM	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1 5.2 5.3 5.4	3, 1 TITLE 2 NAME 3 STREET 1 TITLE 1 TITLE 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change	Addition  Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BARRETT, BETH A 8514 BLACK CREEK BLVD ORLANDO FL 32829		DELETE  DELETE  DELETE  DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.4 5.1 5.2 5.3 5.4 6.1	3, 1 TITLE 2 NAME 2 NAM	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Eer (30) Fer	ADDITION THE	L BA	rri ST	<u> </u>		Change Change	Addition  Addition  Addition  Addition

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR DIRECTOR

14. 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 suppliemental 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 of the receiver or trustee explowers 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 any address, withall other like empowered.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90166 005 \*\*\*150.00