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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000054697 (5)

JAGUAR COFFEE COMPANY INC.

Principal Place of Business Mailing Address 13257 JESSICA DRIVE 13257 JESSICA DRIVE SPRING HILL FL 34609 SPRING HILL FL 34609-9058 3a, Date of Last Report 3. Date Incorporated or Qualified 07/22/1994 04/18/1996 4. FEI Number 2. Principal Prace of Business 2a. Mailing Address Applied For 65-0513666 Not Applicable 21 26 Suite, Apt. ≢, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ETCHISON, DON 13257 JESSICA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SPRING HILL FL 34609 83 84 City 85 Zip Code 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 it am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent and fit e it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VSC DELETE Change Addition 1046 11 TITLE ETCHISON, DON 1.2 NAME 13257 JESSICA DR. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 1.4 CITY-ST-ZIP DITY-ST-ZIP . DELETE Change Addition 2.1 TITLE THILE ETCHISON, SHEUA NAME 2.2 NAME 13257 JESSICA DR. 2.3 STREET ADDRESS STREET ADDRESS SPRINGHILL FL 34609 2.4 City-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHTV - S1 - 7/P DELETE 41 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP (MY-ST-ZIP Change Addition DELETE 5.1 TITLE 1FLE 5.2 NAME NAME STREET ADORESS **53 STREET ADDRESS** GHY-ST-20 5.4 CITY-ST-ZIP

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

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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

SIGNATURE:

THE

NAME

STREET ADDRESS

DELETE

Daytime Phone #

FILED

Apr 14 1997 8:00am

Secretary of State

Change

Addition

(96/6)