

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017745 (7)

1. Corporation Name

ESPRESSO COFFEE COMPANY



Principal Place of Business

301 W. BAY ST., #15
JACKSONVILLE FL 32202

Mailing Address

301 W. BAY ST., #15
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 8834-4 Goodbye Exec. Dr.

4. FEI Number

59-3298655

☒ Applied For
☐ Not Applicable

22 City & State

27 City & State

23 Zip

Country

28 JACKSONVILLE, FL

29 32217

30 DUVAL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

GLENN, LISA A
301 W. BAY ST., #15
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

LISA A. GLENN V.P.

6/27/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME OSGARD, PETER M
STREET ADDRESS 301 W. BAY ST., #15
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D
NAME GLENN, LISA A
STREET ADDRESS 301 W. BAY ST., #15
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

200001889472
-07/10/96--01042--001
***200.00

300001889473
-07/10/96--01042--002
***25.00

14. I do hereby certify that the information supplied with this filing is truthfully 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 that officer or director is a resident with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96 904 3562780

CR2E034 (12/95)