

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070567 (9)
1. Corporation Name
BIG PINE COFFEE SHOP INC.

Principal Place of Business MM 30 OVERSEAS HIGHWAY BIG PINE KEY FL 33043	Mailing Address P O BOX 430655 BIG PINE KEY FL 33043-0655
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2. Principal Place of Business 21 MM30, OVERSEAS HWY.	2a. Mailing Address 26 P. O. BOX 430650	3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 03/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0613231	Applied For Not Applicable
22 City & State BIG PINE KEY, FL	27 City & State BIG PINE KEY, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33043	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33043	25	29 33043	30

9. Name and Address of Current Registered Agent COILE, ANNIE L SANDY CIRCLE BIG PINE KEY FL 33043	10. Name and Address of New Registered Agent 81 Name RUTH LEACH 82 Street Address (P.O. Box Number is Not Acceptable) 90 1ST STREET 83 84 City BIG PINE KEY FL 85 Zip Code 33043
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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: *Ruth Leach* DATE: **3/31/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD <input checked="" type="checkbox"/> DELETE	NAME COILE, ANNIE L	1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME RUTH LEACH
STREET ADDRESS SANDY CIRCLE	CITY-ST-ZIP BIG PINE KEY FL	1.2 NAME	1.3 STREET ADDRESS 90 1ST STREET
TITLE VPSD <input checked="" type="checkbox"/> DELETE	NAME COILE, JOSEPH A	1.4 CITY-ST-ZIP BIG PINE KEY, FL 33043	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS SANDY CIRCLE	CITY-ST-ZIP BIG PINE KEY FL	2.2 NAME	2.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *Ruth Leach* DATE: **3/31/97**

CR2E034 (9/96)