

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 # P96000015866

1. Corporation Name

D'S GOURMET COFFEE, INC.

Principal Place of Business

2053 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

Mailing Address

2053 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90159 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

59-3365342

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 305 MERIDIAN DR
Suite, Apt. #, etc.

2a. Mailing Address

26 305 MERIDIAN DR
Suite, Apt. #, etc.

City & State

23 COCOA BEACH FL

Zip Country

24 32931 25 US

City & State

28 COCOA BEACH FL

Zip Country

29 32931 30 US

9. Name and Address of Current Registered Agent

KERCHER, EDWARD J
2053 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name KERCHER EDWARD J

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

83

84 City COCOA BEACH FL 85 Zip Code 32931

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-15-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KERCHER, EDWARD J
STREET ADDRESS 420 JOHNSON AVENUE UNIT 2
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ DELETE

NAME HEAD, BILL
STREET ADDRESS 406 GRANT AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE

NAME KERCHER, RACHEL J
STREET ADDRESS 420 JOHNSON AVENUE UNIT 2
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-99 407-799-0902

Date

Daytime Phone #

CR2E034 (11/98)