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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

DOCUMENT # P96000021598 (3)

1. Corporation Name

JAN MARIE'S GOURMET COFFEE, INC.

Principal Place of Business

914 E NORVELL BRYANT HIGHWAY  
HERNANDO FL 34442

Mailing Address

914 E NORVELL BRYANT HIGHWAY  
HERNANDO FL 34442-2826



3. Date Incorporated or Qualified  
03/06/1996

3a. Date of Last Report

4. FEI Number

54-3367767

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21 2627 E GULF TOUQUE  
Suite Apt. #

22 City & State

23 INVERNESS FL

24 34450

25 CITIUS

2a. Mailing Address

26 P.O. BOX 1149

27 Suite, Apt. #, etc.

28 LECANTO FL

29 34461

30 CHAS

9. Name and Address of Current Registered Agent

YOUNG, JOHN S  
914 E NORVELL BRYANT HIGHWAY  
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

JOHN YOUNG

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

PG BOX 1149 2627 E GULF TOUQUE

83

HWY

84 City

INVERNESS

FL

85 Zip Code

34450

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

12. OFFICERS AND DIRECTORS

TITLE D  
NAME YOUNG, JOHN S  
STREET ADDRESS P.O. BOX 1149  
CITY-ST-ZIP LECANTO FL 34461

TITLE D  
NAME YOUNG, JANIS M  
STREET ADDRESS P.O. BOX 1149  
CITY-ST-ZIP LECANTO FL 34461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: X

JANIS YOUNG

Date

Daytime Phone #

0440131

CR2E034 (9/96)