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May 01 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 # **P96000052362 (6)**

1. Corporation Name
KEY WEST COFFEE COMPANY, INC.

Principal Place of Business	Mailing Address
291 FRONT STREET **KEY WEST FL 33040**	**291 FRONT STREET** **KEY WEST FL 33040-8367**

2. Principal Place of Business 21	2a. Mailing Address 26 1800 ATLANTIC BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #322
City & State 23	City & State 28 KEY WEST, FL.
Zip / Country 24 / 25	Zip / Country 29 33040 / 30 MONROE

3. Date Incorporated or Qualified: **06/19/1996**
3a. Date of Last Report:

4. FEI Number — ☐ 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

9. Name and Address of Current Registered Agent

NALL, MICHAEL B
1121 ELGIN LANE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 1800 ATLANTIC BLVD
83: #322
84 City: KEY WEST **FL** 85 Zip Code: 33040

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: Michael B. NALL — Michael B Nall — 4/19/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	NALL, MICHAEL B		1.2 NAME	SAME	
STREET ADDRESS	1121 ELGIN LANE		1.3 STREET ADDRESS	1800 ATLANTIC BLVD., #322	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	VD	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	NALL, LYNN S		2.2 NAME	SAME	
STREET ADDRESS	1121 ELGIN LANE		2.3 STREET ADDRESS	1800 ATLANTIC BLVD., #322	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Michael B. Nall — MICHAEL B NALL — 4/19/97 — 305 292-3940