

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

FILED

Apr 04 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 # P96000085120 (9)

1. Corporation Name
CHRISTOPHER BEAN COFFEE CO.



Principal Place of Business
925 E SECOND AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
925 E SECOND AVENUE
NEW SMYRNA BEACH FL 32169-3011

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report
10/14/1996

2. Principal Place of Business
21 925 E Second Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 925 E 2nd AVE
Suite, Apt. #, etc.

4. FEI Number
59-3410513

Applied For
Not Applicable

22 New
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 New Smyrna Beach, FL
Zip

28 New Smyrna Beach, FL
Zip

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32169 25 Volusia

29 32169 30 Volusia

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, CHRISTOPHER
925 E SECOND AVENUE
NEW SMYRNA BEACH FL 32169

81 Name
Christopher W. Brown

82 Street Address (P.O. Box Number is Not Acceptable)
925 East Second AVE

83

84 City
New Smyrna Beach FL 85 Zip Code
32169

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
Christopher W. Brown

(NOTE: Registered Agent signature required when reinstating)

4-1-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, CHRISTOPHER	
STREET ADDRESS	925 E SECOND AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES O	
STREET ADDRESS	925 E SECOND AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Christopher W. Brown
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97
Date

Daytime Phone: #

CR2E034 (9/96)