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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

990000087195

1. Corporation Name

ESPRESSO SOUTHEAST, INC. (FORMERLY ANNU EXPRESS, INC.)

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

10-23-96

2. Principal Place of Business

2a. Mailing Address

21 3613 WOODVILLE HWY

26

State Apt. #, etc.

Suite Apt. #, etc.

22 TALLAHASSEE, FL

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 32311

25

USA

29

30

4. FEI Number

Applied For

59-3434439

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

DAN WINCHESTER
814 LIVINGSTON CT.
TALLAHASSEE, FL 32303

81 Name

MARK ROBBINS

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

2424 MONACO DR.

83

84 City

TALLAHASSEE

FL

85 Zip Code

32308

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

Mark Robbins
Signature, typed or printed name of registered agent and file if applicable

MARK ROBBINS, V.P. OPERATIONS

5/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DAN WINCHESTER
STREET ADDRESS 814 LIVINGSTON CT.
CITY, ST, ZIP TALLAHASSEE, FL 32303

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE ☐ DELETE

NAME MIMI AUZEL
STREET ADDRESS 1127 W. SKILLMAN AVE.
CITY, ST, ZIP ROSEVILLE, MN 55113

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE ☐ DELETE

NAME MARK ROBBINS
STREET ADDRESS 2424 MONACO DR.
CITY, ST, ZIP TALLAHASSEE, FL 32308

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

600002197246
-06/02/97--01017--033
***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

Mark Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

Date

513-9772

Daytime Phone #

CR2E034 (9/96)