MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION **Katherine Harris** Secretary of State 00 JAN 11 PM 4: 07 = 1999 DIVISION OF CORPORATIONS OCUMENT P97000015783 SECRETARY OF STATE TALLAHASSEE, FLORIDA THE DAILY GRIND COFFEE HOUSE, INC:--Mailing Address cipal Place of Business 111 2ND AVE NE. UNIT 100 2ND AVE NE. UNIT 100 ST-PETERSBURG FL 33701 PETERSBURG FL 33701 P.O.BOT 46113 DO NOT WRITE IN THIS SPACE St. Pete Beach, Fl 33736 3. Date Incorporated or Qualified 02/14/1997 Applied For 2a. Mailing Address 4. FEI Number Principal Place of Business 59-2429028 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Zip Country 8. This corporation owes the current year Intangible Personal Property. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REIGER GALLAGHER PEROZZI, ROBIN H Street Address (P.O. Box Number is Not Acceptable)

2 ND AVE NE. 111 2ND AVE NE, UNIT 100 ST PETERSBURG FL 33701 83 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. hereby accept the appointment as registered agent. I am familiar with, and accept the obtigations of, section 607.0505, Florida Statutes. ared Agent signature required when reinstating) Signature, typed or printed na OFFICERS AND DIRECTORS . ADDITIONS/CHANGES TO OFFICERS AND DISECTORS IN 12 13. Change Addition 1.1 TITLE DELETE PEROZZI, ROBIN H C. REIBER GALLAGHER 1.2 NAME 2ND AVE, NE STE 100 111 2ND AVE NE STE 100 1.3 STREET ADDRESS ET ADDRESS ST PETERSBURG FL 33701 1.4 CITY-ST-ZIP ST-ZIP 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS ET ADDRESS 2.4 CITY-ST-ZIP ST-ZiP 3.1 TITLE DELETE 3.2 NAME ALES STATEMENT 3.3 STREET ALES STATEMENT ET ADDRESS 3.4 CITY-ST-ZIP ST-ZIP Change Addition 4.1 TITLE \_\_\_ DELETE 4 2 NAME 4.3 STREET ADDRESS ET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE DELETE 8000003096388 52 NAME -01/12/00--01075--022 5.3 STREET ADDRESS ET ADDRESS \*\*\*\*908.75 \*\*\*\*908<u>.75</u> 5.4 CITY-ST-ZIP ST-ZIP 6.1 TITLE DELETE 6.2 NAME 6.3 STREET ADDRESS ET ADDRESS 6.4 CITY-ST-ZIP 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 for any attachment with an address. GNATURE: