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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000042508 (6)

1. Corporation Name  
CAPPUCCINO'S OF NORTH FLORIDA, INC.

Principal Place of Business  
493 BECHRICH ROAD  
PANAMA CITY BEACH FL 32407

Mailing Address  
493 BECHRICH ROAD  
PANAMA CITY BEACH FL 32407



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3445891

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOHLBRUCK, EILEEN K  
211 MARLIN CIRCLE  
PANAMA CITY BEACH FL 32408

81 Name

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

83

84 City

FL

85 Zip Code

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 *Eileen K. Wohlbruck*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WOHLBRUCK, DANIEL R  
STREET ADDRESS 211 MARLIN CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WOHLBRUCK, EILEEN K  
STREET ADDRESS 211 MARLIN CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

2.1 TITLE D/S/T ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BINGAMAN, MICHAEL A  
STREET ADDRESS 16238 EAST LULLWATER  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

3.1 TITLE D/V ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6421 Pinetree Ave  
3.4 CITY-ST-ZIP Panama City Beach, FL 32408

TITLE D ☐ DELETE  
NAME WOHLBRUCK, ALLISON M  
STREET ADDRESS 2291 BEACHWOOD DRIVE  
CITY-ST-ZIP COLUMBUS GA 31909

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 5800 Milgen Rd #88  
4.4 CITY-ST-ZIP Columbus, GA 31907

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 on an attachment with an address.

SIGNATURE

*Eileen K. Wohlbruck*

4/22/98

850-330-5113

CR2E034 (10/97)