

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90155 024 \*\*\*150.00

DOCUMENT # P97000042508

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 493 Beckrich Road

Suite, Apt. #, etc.

22 Panama City Beach, FL

City & State

23 32407 Bay

Zip Country

24

2a. Mailing Address

26 493 Beckrich Rd

Suite, Apt. #, etc.

27 Panama City Beach, FL

City & State

28 32407 Bay

Zip Country

29 30

9. Name and Address of Current Registered Agent

LARAMORE, DENNIS  
1402 LUCKIE AVE  
PANAMA CITY FL 32404

Unknown  
see 1998  
Report

10. Name and Address of New Registered Agent

81 Name Eileen K. Wohlbruck

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

83 211 Marlin Circle  
PO Box 28085

84 City Panama City Beach FL

85 Zip Code 32411

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 607.0905, Florida Statutes.

SIGNATURE Eileen K. Wohlbruck Sec/Treas. Eileen K. Wohlbruck 4/26/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WOHLBRUCK, DANIEL R  
STREET ADDRESS 211 MARLIN CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32403

TITLE DST ☐ DELETE

NAME WOHLBRUCK, EILEEN K  
STREET ADDRESS 211 MARLIN CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32403

TITLE DV ☐ DELETE

NAME BINGAMAN, MICHAEL A  
STREET ADDRESS 6421 PINETREE AVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32403

TITLE D ☐ DELETE

NAME WOHLBRUCK, ALLISON M  
STREET ADDRESS 5800 MILGEN ROAD, #88  
CITY-ST-ZIP COLUMBUS GA 31907

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME WOHLBRUCK, ALLISON M.

4.3 STREET ADDRESS 6029 Flatrock Rd #404

4.4 CITY-ST-ZIP Columbus, GA 31907

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE: Eileen K. Wohlbruck Eileen K. Wohlbruck 4/26/99 851-230-5413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/98)

0058646