


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

FILED

May 15 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 # J10172 (1) 1. Corporation Name EBRO CATERERS, INC.					
Principal Place of Business HWY 79 & 20 BOX 111 EBRO FL 32437			Mailing Address HWY 79 & 20 BOX 111 EBRO FL 32437-0111		
2. Principal Place of Business 21 6558 Dog Track Rd. Suite, Apt. #, etc. 22 City & State 23 Ebro, FL Zip 24 32437		2a. Mailing Address 26 6558 Dog Track Rd. Suite, Apt. #, etc. 27 City & State 28 Ebro, FL Zip 29 32437		3. Date Incorporated or Qualified 04/15/1986 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2659659 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HESS, LUTHER F. 10102 WOODSONG WAY TAMPA FL 33618			10. Name and Address of New Registered Agent 81 Name Stockton R. Hess 82 Street Address (P.O. Box Number is Not Acceptable) 6512 Dog Track Rd. 83 84 City Ebro, FL 85 Zip Code 32437		
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 Stockton R. Hess President <i>Stockton R. Hess</i> 4/28/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D <input type="checkbox"/> DELETE 1.2 NAME BRADLEY, LINDA M 1.3 STREET ADDRESS 9917 BIRCH TERRACE 1.4 CITY-ST-ZIP CHARLEVOIX FL 49720			1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Stockton R. Hess 1.3 STREET ADDRESS 6512 Dog Track Rd 1.4 CITY-ST-ZIP Ebro, FL 32437		
2.1 TITLE D <input type="checkbox"/> DELETE 2.2 NAME STEVENS, CRAIG R 2.3 STREET ADDRESS GENERAL DELIVERY 2.4 CITY-ST-ZIP EBRO FL 32437			2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Paul Dervais 2.3 STREET ADDRESS 2506 Rocky Point Dr. 2.4 CITY-ST-ZIP Tampa, FL 33607		
3.1 TITLE SD <input type="checkbox"/> DELETE 3.2 NAME HESS, HARRY L. 3.3 STREET ADDRESS P O BOX 111 N/A 3.4 CITY-ST-ZIP EBRO FL 32437			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 TD <input checked="" type="checkbox"/> DELETE 4.2 NAME HESS, LUTHER F. 4.3 STREET ADDRESS 10102 WOODSONG WAY 4.4 CITY-ST-ZIP TAMPA FL 33618			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 D <input type="checkbox"/> DELETE 5.2 NAME HATER, JOHN M. 5.3 STREET ADDRESS 11508 TRASK S. 5.4 CITY-ST-ZIP TAMPA FL 33627			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 D <input type="checkbox"/> DELETE 6.2 NAME HATER, ROBERT E. II 6.3 STREET ADDRESS 1330 NEEB RD 6.4 CITY-ST-ZIP CINCINNATI OH 45233			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: <i>Stockton R. Hess</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/97 <small>Date</small>		
			904-234-3943 <small>Daytime Phone #</small>		



CR2E034 (9/96)