

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:39

DOCUMENT # **L47943** (0)

1. Corporation Name
P. J.'S CATERING, INC.

Principal Place of Business Mailing Address
**3650 NE 25TH ST.
SUITE 2
OCALA FL 34470
US** **3650 NE 25 ST, 2
OCALA FL 34470
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/31/1990** 3a. Date of Last Report **08/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

4. FEI Number **59-2992421** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KUNZMANN, FRANK
RTE 1 BOX 598
ANTHONY FL 32617**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature: typed or printed name of registered agent and last if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE **DP**
NAME **KUNZMANN, FRANK**
STREET ADDRESS **RTE 1 BOX 598**
CITY - ST - ZIP **ANTHONY FL**

TITLE **DS**
NAME **KUNZMANN, PATRICIA**
STREET ADDRESS **RTE 1 BOX 598**
CITY - ST - ZIP **ANTHONY FL**

TITLE **DV**
NAME **KUNZMANN, JOHN**
STREET ADDRESS **2550 NE 135ST**
CITY - ST - ZIP **ANTHONY FL**

TITLE **DT**
NAME **JONES, PATRICIA**
STREET ADDRESS **RTE 1 BOX 598**
CITY - ST - ZIP **ANTHONY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 **RT 1 BOX 598**
3.4 CITY - ST - ZIP **ANTHONY FL**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Frank Kunzmann* **FRANK KUNZMANN** 5-24-95 904-282-1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)