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 MAR 28 PM 1:45

DOCUMENT # **J10172** **(1)**

1. Corporation Name
EBRO CATERERS, INC.

Principal Place of Business	Mailing Address
HWY 79 & 20 BOX 111 EBRO FL 32437	HWY 79 & 20 BOX 111 EBRO FL 32437

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/15/1986**
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2659659** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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
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 607.1509, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PD	☐ Change ☒ Addition
NAME	BRADLEY, LINDA M	12 NAME	Stockton R. Hess	
STREET ADDRESS	9917 BIRCH TERRACE	13 STREET ADDRESS	6558 Dog Tack Rd.	
CITY-ST-ZIP	CHARLEVOIX FL 49720	14 CITY-ST-ZIP	Ebro, FL 32437	
TITLE	D	21 TITLE	VPD	☐ Change ☒ Addition
NAME	STEVENS, CRAIG R	22 NAME	Paul Dervaes	
STREET ADDRESS	GENERAL DELIVERY	23 STREET ADDRESS	Sailport Resort # 462	
CITY ST ZIP	EBRO FL 32437	24 CITY ST ZIP	2506 Rocky Point Dr.	
			Tampa, FL 33607-1436	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	HESS, HARRY L.	32 NAME		
STREET ADDRESS	P O BOX 111 N/A	33 STREET ADDRESS		
CITY ST ZIP	EBRO FL 32437	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HESS, LUTHER F.	42 NAME		
STREET ADDRESS	10102 WOODSONG WAY	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33618	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HATER, JOHN M.	52 NAME		
STREET ADDRESS	11508 TRASK S.	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33627	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HATER, ROBERT E. II	62 NAME		
STREET ADDRESS	1330 NEEB RD	63 STREET ADDRESS		
CITY ST ZIP	CINCINNATI OH 45233	64 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 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: Luther F Hess 3-23-95 904-234 3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411650 FP