

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

APPROVED AND FILED
95 APR -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 256029 (0)

1. Corporation Name
CATERERS OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address
C/O SPORTSMANS PARK 3301 S LARAMIE AVE CICERO, ILL 60650-4520

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/16/1962** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-0949726** 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

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HOWELL, DONALD W
1440 N. MCDUFF AVE.
JACKSONVILLE FL 32205**

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 Donald W Howell DATE 3/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	HOWELL, DONALD W
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	BIDWILL, CHARLES W
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	JOHNSTON JR, WILLIAM H
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	SANDON, MARK
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	AS
NAME	JOHNSTON, WILLIAM H. III
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	PITOCHELLI, MARY PATTON
STREET ADDRESS	1440 N MCDUFF AVE
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 applicable, or in attachment with an addition.

SIGNATURE: William H. Johnston Jr. DATE 3/21/95
Signature and typed or printed name of signing officer or director