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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 256029 (0)
1. Corporation Name
CATERERS OF NORTH FLORIDA, INC.



Principal Place of Business

C/O SPORTSMANS PARK
3301 S LARAMIE AVE
CICERO, ILL 60690-4520

Mailing Address

C/O SPORTSMANS PARK
3301 S LARAMIE AVE
CICERO, ILL 60690-4520

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1962

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME HOWELL, DONALD W
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD
NAME BIDWILL, CHARLES W
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE PD
NAME JOHNSTON JR, WILLIAM H
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME SANDON, MARK
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE AS
NAME JOHNSTON, WILLIAM H. III
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VD
NAME PITOCHELLE, MARY PATTON
STREET ADDRESS 1440 N MCDUFF AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

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

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 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 liquidator 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 to this report.

SIGNATURE: X

1/26/98

773-242-1121

CR2E034 (10/97)