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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90003 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 256029

1. Corporation Name

CATERERS OF NORTH FLORIDA, INC.



Principal Place of Business C/O SPORTSMANS PARK 3301 S LARAMIE AVE CICERO, ILL 60650-4520 PO Box 308 8600 W. North Ave Maywood, IL 60153		Mailing Address C/O SPORTSMANS PARK 3301 S LARAMIE AVE CICERO, ILL 60650-4520 PO Box 308 8600 W. North Ave Maywood, IL 60153	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21	26	59-0949726	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

DO NOT WRITE IN THIS SPACE

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Second Vice President
NAME	HOWELL, DONALD W	1.2 NAME	WILLIAM U. Bidwill Jr.
STREET ADDRESS	1440 N MCDUFF AVE	1.3 STREET ADDRESS	1440 McDUFF AVE.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD	2.1 TITLE	Secretary
NAME	BIDWILL, CHARLES W	2.2 NAME	CHARLES W. Bidwill Jr.
STREET ADDRESS	1440 N MCDUFF AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	ASST. TREAS
NAME	JOHNSTON JR, WILLIAM H	3.2 NAME	ANNA LUCILE PATTON
STREET ADDRESS	1440 N MCDUFF AVE	3.3 STREET ADDRESS	1440 MCDUFF AVE.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D	4.1 TITLE	VP TREASURER
NAME	SANDON, MARK	4.2 NAME	WILLIAM R. BURNETT
STREET ADDRESS	1440 N MCDUFF AVE	4.3 STREET ADDRESS	1440 MCDUFF AVE
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	AS	5.1 TITLE	
NAME	JOHNSTON, WILLIAM H. III	5.2 NAME	
STREET ADDRESS	1440 N MCDUFF AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	DIRECTOR
NAME	PITOCHELLI, MARY PATTON	6.2 NAME	
STREET ADDRESS	1440 N MCDUFF AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 officer 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, with all other like empowered.

SIGNATURE: X  SIGNATURE REQUIRED Asst. Secy 3/30/99 708-343-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)