

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # 347161

1. Corporation Name

FAIRCLOUGH CATERING CO., INC.

Principal Place of Business

3848 GULF BLVD
ST PETERSBURG BEACH FL 33706

Mailing Address

3848 GULF BLVD
ST PETERSBURG BEACH FL 33706

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90240 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1969

4. FEI Number

13-2554350

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3850 Belle Vista Dr. E

2a. Mailing Address

26 3850 Belle Vista Dr. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Pete Beach, FL

City & State

28 St. Pete Beach, FL

Zip Country

24 33706 25 USA

Zip Country

29 33706 30 USA

9. Name and Address of Current Registered Agent

FAIRCLOUGH, RICHARD W
3850 BELLE VISTA DR. E.
ST. PETERSBURG BCH FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 ☐ DELETE

NAME FAIRCLOUGH, RICHARD W

STREET ADDRESS 3850 BELLE VISTA DR. E.

CITY-ST-ZIP ST PETERSBURG FL 33706

TITLE ☐ DELETE

NAME STEIN, CHARLES P.

STREET ADDRESS SAGAMORE DRIVE

CITY-ST-ZIP CARMEL NY 10512

TITLE ☐ DELETE

NAME FAIRCLOUGH, RENATE

STREET ADDRESS 3850 BELLE VISTA DR. E.

CITY-ST-ZIP ST PETERSBURG FL 33706

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

St. Pete Beach, FL 33706

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

95 Gleneida Ave.
Carmel, NY 10512

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

St. Pete Beach, FL 33706

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 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:

Renate A. Fairclough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

727-360-7272

Daytime Phone #

CR2E034 (11/98)