

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 # 525628

1. Corporation Name  
CATERERS OF TAMPA, INC.

Principal Place of Business  
8300 N. NEBRASKA AVE.  
TAMPA FL 33604-3107

Mailing Address  
8300 N. NEBRASKA AVE.  
TAMPA FL 33604-3107

FILED  
Feb 17, 1999 8:00 am  
Secretary of State

02-17-1999 90052 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1977

4. FEI Number

59-1721796

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

9. Name and Address of Current Registered Agent

HATER, JOHN MICHAEL  
8300 NEBRASKA AVE  
TAMPA FL 33604

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 ☐ DELETE

NAME  
PITOCHELLI ROBERT  
STREET ADDRESS  
2827 FOREST MILL LANE  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
HATER, JAMES P  
STREET ADDRESS  
CHARLEVOIX 400 MARTIN RD  
CITY-ST-ZIP  
CHARLEVOIX MI

TITLE ☐ DELETE

NAME  
HATER, JOHN M.  
STREET ADDRESS  
1508 S. TRASK ST.  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
BIDWILL, C.W. JR  
STREET ADDRESS  
911 SUNSET ROAD  
CITY-ST-ZIP  
WINNETKA IL

TITLE ☐ DELETE

NAME  
HEILE, JOHN D  
STREET ADDRESS  
554 DAVENPORT AVE  
CITY-ST-ZIP  
CINCINNATI OH

TITLE ☐ DELETE

NAME  
JOHNSTON, JR, WILLIAM  
STREET ADDRESS  
8901 COUNTY LINE RD.  
CITY-ST-ZIP  
HINSDALE IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *John M. Hater* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(813) 932-4313

Daytime Phone #

CR2E034 (11/98)