

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

FILED

Feb 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F68552 (1)

1. Corporation Name

BUCCANEER CATERING SERVICE, INC.



Principal Place of Business

% VIRGINIA FERNANDEZ
2732 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614-6053

Mailing Address

% VIRGINIA FERNANDEZ
2732 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614-6053

3. Date Incorporated or Qualified

02/24/1982

3a. Date of Last Report

08/23/1996

2. Principal Place of Business

21 2706 W. Hillsborough

Suite, Apt. #, etc.

22 City & State
23 Tampa, Florida24 Zip
33614

Country

2a. Mailing Address

26 2706 W. Hillsborough

Suite, Apt. #, etc.

27 City & State
28 Tampa, Florida29 Zip
33614

Country

30 Hillsborough

4. FEI Number

59-2153190

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, VIRGINIA
2732 WEST HILLSBOROUGH AVENUE
TAMPA FL

10. Name and Address of New Registered Agent

81 Name

Virginia Fernandez

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

2706 W. Hillsborough Ave.

83

84 City

Tampa

FL

85 Zip Code

33614

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 DP
NAME FERNANDEZ, VIRGINIA
STREET ADDRESS 2732 WEST HILLSBOROUGH
CITY-ST-ZIP TAMPA, FL 00000☐ DELETETITLE D
NAME GREGORY, MARTHA
STREET ADDRESS 2732 WEST HILLSBOROUGH
CITY-ST-ZIP TAMPA FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Fernandez, Virginia
1.3 STREET ADDRESS 2706 W. Hillsborough Ave.
1.4 CITY-ST-ZIP Tampa, FL 33614☒ Change☐ Addition2.1 TITLE D
2.2 NAME Gregory, Martha
2.3 STREET ADDRESS 2706 W. Hillsborough Ave.
2.4 CITY-ST-ZIP Tampa, FL, 33614☒ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0361070

CR2E034 (9/96)