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PROFIT CORPORATION ANNUAL REPORT



FLOPIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 7.72 OTTER CREEK OR NEW PORT RICHEY FL 3455 2. Midling Address S 2. Midling Address S 2. Midling Address S 2. Midling Address S 3. Cate troopposated or Qualified S 3. Cate troopposated or Qualified On 1/11/1985 3. Cate troopposated On 1/11/1985 | NATIOUS QUICK STOP CATERING, INC. Asimp Address | MATOLIS QUICK STOP CATERING, INC. Procipile Place of Externess Mading Address 1/12 OTTER CREEK DR NEW PORT RICHEY FL 94655 A Principal Place of Externess 1/22 OTTER CREEK DR NEW PORT RICHEY FL 94655 2 | | 996 | | | OF CORPORAT | IONS | | | | |
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| 7.72 OTTER CREEK OR NEW PORT RICHEY FL 3455 2. Midling Address S 2. Midling Address S 2. Midling Address S 2. Midling Address S 3. Cate troopposated or Qualified S 3. Cate troopposated or Qualified On 1/11/1985 3. Cate troopposated On 1/11/1985 | Tributing Place of Business Za. Making Address Za. Making Address A. Filk Humber Oly/18/1995 Oly/18/19/1995 Oly/18/1995 Oly/18/1995 Oly/18/1995 Oly/18/1995 Oly/18/1995 Oly/18/19/1995 Oly | 7127 OTTER CREEK OR NEW PORT ROSEY FL 34655 3a. Date of Loss Flexor Ol/11/1985 | Principal Place o | f Business | Mailir | na Address | | - · | | | | |
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| 22. Mailroy Address 23. Mailroy Address 26. State | Principal Place of Business 2a. Mailing Authorss 3. ELEPHONION Applied For S9-2488672 Ap | 2. Malling Address 2. Malling Address 2. Malling Address 3. F. P. Market 2. Stafe, Apt. #, clc. 2. Stafe, Apt. #, | | | ME | W PURI RICHET | FL 34655 | | 2 Date to competed a 2 off | | | |
| Subs. April P. etc. Subs. Apr | Suite, Apt. 8, etc. Suite, Ap | Application September Se | 2. Principal Place | e of Business | 100 10 | | | | 01/11/1985 | | | a. |
| Suite, April P., etc. 27 | Sule, Apt. #, etc. Sule, Apt. #, etc. Sule, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Pipe Required Pipe Requi | Suite, Apt. 4, etc. Suite, Apt. 4, etc. | 1 | | ⊱ —, | aling Address | | | | | —— | |
| Cry & State | Coy & State Coy of & State Country Ze Se Country Ze Country Ze Country Ze Country Ze Country Ze Se Country Ze Country | Country Zp | 7 | etc. | | uite, Apt. #, etc. | | | | רז | \$8.75 Ad | ditional |
| Added to Fiese Total Country Zip 30 Country Sins components have been been as 189 032. | Added to Fies Country Zep So Country Sep So Country Sep So Sep So Sep Sep So Sep Sep So Sep S | Addid to Fees Trust Food Country Zep 30 Country 8. This corporation has sibility for intamplable tax under a 198 032. Florida Statute | - | | - 0 | ty & State | | | 6. Election Campaign Financing | | | |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent NATOLI, MICHAEL J. 7127 OTTER CREEK CR NEW PORT RICHEY FL 34655 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL as Zip Code 84 City FL as Zip Code 85 City FL as Zip Code 87 City FL as Zip Code 88 A City FL as Zip Code 88 A City FL as Zip Code FL as Zip | 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NATOU, MICHAEL J. 7127 OTTER CREEK DR NEW PORT RICHEY FL 34655 84 Orly 15. Further Address Pr.O. Box Number is Not Acceptable) 85 Street Address Pr.O. Box Number is Not Acceptable) 86 Orly 16. Further Address Pr.O. Box Number is Not Acceptable) 87 Street Address Pr.O. Box Number is Not Acceptable) 88 Orly 17. Further With an address of Sections 807 (6502 and 807,1508 Florids Streature, the above remaind corporation submits into statement for the purpose of changing its registered different and accept the objection of Section 16 foreids. Story change was authorized by the Corporation's board of directors. Thereby accept the appointment are registered agent. I am statement for the purpose of changing its registered different and accept the objection of Section 19 sections 19 section | 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NATOU, MICHAEL J. 7127 OTTER CREEK DR NEW PORT RICHEY FL 34655 83 64 65 67 67 68 68 68 69 69 69 69 69 69 69 | Zip | Country | | o | Country | | | | Added to | Fees |
| NATOLI, MICHAEL J. 7127 OTTER CREEK OR NEW PORT RICHEY FL 34655 42 Street Address (P.O. Box Number is Not Acceptable) 43 Cay FL 45 Zip Code 44 Cay FL 45 Zip Code 45 Cay FL 45 Zip Code 46 Cay FL 45 Zip Code 46 Cay FL 45 Zip Code 47 Cay FL 45 Zip Code 48 Cay FL 46 Cay F | NATOL, MICHAEL J. 7127 OTTER CREEK DR NEW PORT RICHEY FL 34655 83 64 City FL 65 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 65 Zip Code 67 Code 68 City FL 68 | NATOU, MICHAEL J. 7127 OTTER CREEK DR NEW PORT RICHEY FL 34655 183 184 City FL 185 187 187 188 189 189 189 189 180 189 189 | | | 29 | | <u> </u> | | Florida Statutes 🔛 Yes | [] No | | 1.032, |
| THEY OTTER CREEK DR NEW PORT RICHEY FL 34655 184 | NEW PORT RICHEY FL 34855 83 28 28 28 28 28 28 28 | ### PORT RICHEY FL 34655 ### City ### City ### Composition of Sections 607 05072 and 607, 1508, Fancio Statutes, the above named corporation submits this statement for the purpose of changing his registered agent, or both, in the State of Florids. Such change with sufficienced by the corporation submits this statement for the purpose of changing his registered agent. I am an accept the obligations of, Section 607 0506, Fancio Statutes, the above named corporation submits this statement for the purpose of changing his registered agent. I am an accept the obligations of, Section 607 0506, Fancio Statutes. City ### | | 5. Name and Address of Carl | ent negister | ea Agent | 81 | Name | 10. Name and Address of New R | egistered Aç | jent | |
| NEW PORT RICHEY FL 34655 14 City FL 85 Zp Code The provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing at registered of registered agents, or both in the State of Florida Succious change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am Indiana with, and accept the objection of 70,0505, Florida Statutes are continued by the corporation's board of directors. Hereby accept the appointment as registered agent. I am Indiana with, and accept the objection of 70,0505, Florida Statutes ISNATURE OPHICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS IN 12 INTIL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTIL ADDITIONS/CHANGES TO | NEW PORT RICHEY FL 34655 1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Eprote Statutes, the above named corporation submits this statement for the purpose of changing ats registered of familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing ats registered distantiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SANTURE Segman, takes of press name of requessed point with it rankness. Deficiency of the obligations of, Section 607 0505, Florida Statutes. SANTURE Segman, takes of press name of requessed point with it rankness. DANT PD | NEW PORT RICHEY FL 3465S 84 City FL 85 Zo Code 20 City FL 85 Zo Code 1. Pursuant to the provisions of Sections 607 0502 and 607 1502 and 6 | | | | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptab | lo) | | |
| A | Ball City FL B5 Zip Code | Bell City | | | | | | | | ю, | | |
| T. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes as 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, Floridal Statutes. GNATURE OFFICERS AND DIRECTORS 13. | I. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purposa of changing its registered agent. I am or or egistered agent or both, in the State of Facrica. Such change was authorized by the corporation's board of directors. I hereby accept the approximant are registered agent. I am office with a final document of registered agent. I am office or princed name of registered agent. I am office or princed or this princed agent. I am offic | The 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment are registered agent. Florida Statutes. GNATURE Committee | | | | | | | | | | |
| THE INTER WITH, and accept the doligations of, Section 607,0505, Floridal Statutes. Section 607,0505, Floridal Statutes. | CANTURE Synuse, fixed or priced armored registered agreed. For the statutes. PO | The fill will it and accept the obligations of, Section 607,0005, Florida Statutes. Section 1 | 1 Pursuant to th | ho provinione of Continue COZ OF | 00 100 | | | | | | | |
| SQNATURE Signature, total or proced name of regouvered spure and to it says indexe. Discrete SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD MATOLI, MICHAEL J. 7127 OTTER CREEK DR NE PORT RICHEY FL LE DELETE 1.1 TITLE 1.2 MAME 1.3 STREFT ADDRESS NE PORT RICHEY FL 1.4 DELETE 2.1 TITLE 2.2 NAME 2.3 STREFT ADDRESS 4.4 DIY-S1-2/P LE ME 1.4 TITLE 3.3 STREFT ADDRESS 4.4 DIY-S1-2/P LE DELETE 4.1 TITLE Change Addition LE LE DELETE 5.1 TITLE Change Addition LE LE DELETE 6.1 TITLE Change Addition LE LE LE DELETE 6.1 TITLE Change Addition LE LE LE DELETE 6.1 TITLE Change Addition LE | GNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | SINDER Signance, toled or print of name of regovered aport and tisk? apy sloops 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LILE PD MATOLI, MICHAEL J. DELETE 1.1 TITLE 1.2 PAMAE 1.3 STREET ADDRESS NE PORT RICHEY FL 1.4 CITY, 51-2P LE 1.4 CITY, 51-2P LE 1.4 CITY, 51-2P 1.5 STREET ADDRESS 7.51-2P 1.6 DELETE 1.7 STREET 1.7 STREET 1.7 STREET 1.8 STREET ADDRESS 7.8 STREE | or registered a | agent, or both, in the State of Fig agent, or both, in the State of Fig and accept the obligations of Sc | 02 and 607,15 orida. Such cha ection 607,050 | 608, Florida Statu ange was authori | ites, the above-r ized by the corp | named corpo pration's boa | ration submits this statement for the pur ird of directors. I hereby accept the appo | cose of change | ing its registr | ered offic |
| OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MATOLI, MICHAEL J. 7127 OTTER CREEK DR NEF PORT RICHEY FL 14 DIV: 51-2P LE DELETE 14 DIV: 51-2P LE DELETE 14 DIV: 51-2P LE DELETE 15 DIVE 1 DIVE 16 DELETE 16 DELETE 16 DELETE 17 DIVE 18 DIV: 51-2P LE DELETE 18 DIVISION SAIDEN STANDERS 18 DIVISION SAIDEN STANDERS 18 DIVISION STANDERS 1 | OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MATOLI, MICHAEL J. 7127 OTTER CREEK DR NE PORT RICHEY FL 1.5 TREET ADDRESS NE PORT RICHEY FL 1.6 LEL DELETE 1.1 TITLE Change Addition 1.2 YAME 1.3 STREET ADDRESS 1.4 GITY. ST. ZP 1.4 GITY. ST. ZP 1.5 TREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY. ST. ZP 2.5 TREET ADDRESS 3.4 CITY. ST. ZP 2.5 TREET ADDRESS 3.4 CITY. ST. ZP 2.5 TREET ADDRESS 3.5 STREET ADDRESS | OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD MATOLI, MICHAEL J. 7127 OTTER CREEK DR NE PORT RICHEY FL 14 DIV. ST. 2/P ME OBLETE 14 DELETE 15 TITLE 16 DELETE 17 TITLE 18 DELETE 18 DELETE 19 DELETE 19 DELETE 10 DELETE 10 DELETE 11 TITLE 10 Change Addition | IGNATURE | | | ., | IS. | | , | | Jord od Egor | II. 1 (2)11 |
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| 53 STREET ADDRESS (-SI-ZIP E (-SI-ZIP DELETE 6.1 TILLE 62 NAME 63 STREET ADDRESS -SI-ZIP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 contribution or the correction or the same legal effect as if made under | SELADDRESS -S1-ZIP 53 STREEL ADDRESS -S1-ZIP 54 CITY-S1-ZIP 54 CITY-S1-ZIP 6 1 TILLE 62 NAME 63 STREEL ADDRESS -S1-ZIP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further carth; 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 | 53 STREET ADDRESS (-S1-ZIP 54 CITY-S1-ZIP 54 CITY-S1-ZIP 54 CITY-S1-ZIP 54 CITY-S1-ZIP 55 CITY-S1-ZIP 65 TILLE 62 NAME EXET ADDRESS 63 STREET ADDRESS 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 65 CONTROLLED 65 CONTROLLED 65 CITY-S1-ZIP 65 CIT | | , | | □] nFfF1E | | | | □ c | hange 🔲 / | Addition |
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| DELETE 5.4 CITYLE Change Addition 6.4 NAME 6.5 TILLE 6.5 ADDRESS 6.5 STARET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 Till the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 | DELETE DELETE B. 1 TILLE Change Addition | DELETE 6.1 TILLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | | | | |
| 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under | 62 NAME 63 SIREEI ADDRESS -S1-ZIP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cath; 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. | 62 NAME 63 SIREEI ADDRESS -S1-7IP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further carth; 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 | | · · · · · · · · · · · · · · · · · · · | | DELETE | | ZIP | | | | 6 1 200 |
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| 6.4 CHY-ST-ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 | S1-2IP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. | 6.4.2/1P 6.2 | EET ADDRESS | | | | | DDRESS | | | | |
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| Oath; that I am an officer or director of the corporation or the receiver 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. | 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. | I do hereby cer certify that the i | tify that the information supplied information indicated on this are | with this filing | is voluntarily furni | ished and does | not qualify fo | r the exemption stated in Section 119.07 | (3)(k), Florida | Statutes. I fin | ırther |
| 300000 to Block 12 or Block 12 or Block 12 if changed or an attachment. "" | | | oath: that I am | an officer or director of the corn | oration or the | 000 | 23 1000 1 13 1100 | and accurate execute this | e and that my signature shall have the sa report as required by Chanter 607. Flori | me legal effec | t as if made | under |
| | | SIGNATURE AND TYPED OR PRAYED NAME OF SIGNING OFFICER OR DIRECTOR | GNATUR | RE: MIAN | 100 | ux. | | 4/ | 16/91 012- | 271 - | 9012 | |