

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H41122 (3)

1. Corporation Name

BUDDYFREDDYS CATERING, INC.



Principal Place of Business

Mailing Address

1101 GOLDFINCH DRIVE
C/O 1101 GOLDFINCH DR
PLANT CITY FL 33566
US

P O BOX 3757
C/O 1101 GOLDFINCH DR
PLANT CITY FL 33564
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2249

23 City & State

27 City & State
28 Plant City FL

24 Zip Country
25 33564 USA

3. Date Incorporated or Qualified

02/05/1985

3a. Date of Last Report

05/30/1995

4. FET Number

59-2510816

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, PHILLIP E.
1101 GOLDFINCH DRIVE
PLANT CITY FL 33566

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 the date.

DATE Registered Agent Signature, typed or printed name and date.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CVS
STREET ADDRESS JOHNSON, PHILLIP E.
CITY-ST-ZIP 1101 GOLDFINCH DR
PLANT CITY FL

TITLE ☐ DELETE
NAME DP
STREET ADDRESS JOHNSON, FRED O.
CITY-ST-ZIP 1101 GOLDFINCH DR
PLANT CITY FL

TITLE ☐ DELETE
NAME AS
STREET ADDRESS CRIBBS, KEITH
CITY-ST-ZIP 204 W. CALHOUN
PLANT CITY FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS JOHNSON, PHILLIP E.
CITY-ST-ZIP 1101 GOLDFINCH DRIVE
PLANT CITY FL

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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:

Keith Cribbs

KEITH CRIBBS, ASST. SEC. 4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Date, Phone #

(813) 252-2513

CR2E034 (12/95)