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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H57897 (1)

1. Corporation Name

CARLINO'S CATERING SERVICE, INC.

Principal Place of Business

2832 S MACDILL
TAMPA FL 33629
US

109 Hyde Pk Pl.
TAMPA FL
33606

Mailing Address

2832 S MACDILL
TAMPA FL 33629
US

109 Hyde Pk Pl.
TAMPA FL
33606

2. Principal Place of Business

21 109 Hyde Park Pl.

Suite, Apt. #, etc.

22

City & State

Tampa FL

23

Zip

33606

Country

USA

2a. Mailing Address

26 109 Hyde Park Pl.

Suite, Apt. #, etc.

27

City & State

Tampa FL

28

Zip

33606

Country

USA

3. Date Incorporated or Qualified

05/21/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2554843

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

CARLINO, RITA
24 HAMILTON HEATH
TAMPA FL 33604

81 Name

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

83

000001821190

84 City

-05/14/96-01123-019

****225.00FL****225.00

11. Pursuant to the provisions of Sections 607.002 and 607.1708, 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 provisions of, Section 607.005, Florida Statutes.

SIGNATURE

[Signature]

(Print) Registered Agent Signature (Required When Changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CARLINO, RITA
24 HAMILTON HEATH
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
CARLINO, RITA C
24 HAMILTON HEATH
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/Time Phone #

CR2E034 (12/95)