

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J09452

(0)

1. Corporation Name
TUBBY'S MOBILE CATERING, INC.

Principal Place of Business

1818 NE WALDO RD
GAINESVILLE FL 32609
US

Mailing Address

1818 NE WALDO RD
GAINESVILLE FL 32609
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BRACEWELL, SAMUEL D
1132 S. MAIN ST
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1986

4. FEI Number

59-2687082

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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 file if applicable

(NOT Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	BRACEWELL, SAMUEL D.	PO BOX 855 N/A	MELROSE FL	<input checked="" type="checkbox"/>
SD	BRACEWELL, LINDA J.	PO BOX 855 N/A	MELROSE FL	<input checked="" type="checkbox"/>
VPD	BRACEWELL, SAMUEL A.	PO BOX 855 N/A	MELROSE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
David Phillips	1818 NE WALDO RD	GAINESVILLE FL 32609		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP	Joe Stringer	614 N.W. 34th Ave	GAINESVILLE FL 32609	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S.	Shirley L Nicely	517 Kings Ct	GAINESVILLE FL 32608	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
William MARQUIS	4116 NE 17th TERR	GAINESVILLE, FL 32609		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

David Phillips

7-14-98

270-2535

CR2E034 (5/98)