	Yes	No
e June 30, 🖳 🚩	res	[_] NO
ew Registered A	gent	
eptable)		
epiable)		
	85	Zip Code
FL		
ne purpose of cha	nain	ite registered
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ccept the appoint	, i ji Gi i	t ba registered

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

PROFIT
CORPORATION
ANNUAL REPORT
4000



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DOCUMENT #
1. Corporation Name J09452

TUBBY'S MOBILE CATERING, INC.

FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State

DIVISION OF CORPORATIONS

(0)

FILED (3 JUL 27 7月 B: 07

Principal Place of	DUSHIESS	Mailing Moore	iss			1	
1818 NE WALDO RD 1818 NE WALDO RD GAINESVILLE FL 32609 US US					DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified	
ĺ						04/15/1986	
2. Principal Place	of Business	2a, Mailing Ad	Idress			4. FEI Number	Applied For
21		26				59-2687082	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Cily & Sta	te			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	[30]	untry		This corporation owes or has paid the current Personal Property Tax due June 30.	irrent year Intangible Yes No
9	Name and Address of Cu	rrent Registered Ager	nt	1		10. Name and Address of New Registered	Agent
BRACEV	WELL, SAMUEL D		•	81	Name		
	MAIN ST			F1	 		
GAINESVILLE FL 32601			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
CANVEO	THELE I E SECOT			83			
				84	City		Total 7th Code
				64	City	FI	L 85 Zip Code
office or regis		tate of Horida. Such ch	lange was authorize	d by	the corporation	ration submits this statement for the purpose of con's board of directors. I hereby accept the appo	

agent. Fam familiar with, and accept the obligations of, section 607.0505, Fforida Statutes.						
SIGNATURE	Signature, typod or printed name of registered agent and tille it applic	able /Nor	F. Rogishwed Agent signals	urc required whon reinstating) DATE		
12.	OFFICERS AND DIRECTO		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	P OP 11 's		
NAME	BRACEWELL, SAMUEL D.	\$1. =\$ - <del>\$</del>	1.2 NAME	Pavid hillip Rd		
STREET ADDRESS	PO BOX 855 N/A		1.3 STREET ADDRESS	1818 11 Wards 10		
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP	Gainesville War 32609		
TITLE	SD	[V] DELETE	2.1 TITLE	UP Change W Addition		
NAME	BRACEWELL, LINDA J.		2.2 NAME	Too Stringer ave		
STREET ADDRESS	PO BOX 855 N/A	r	2.3 STREET ADDRESS	814 MW. 344 QUE		
CITY-ST-ZIP	MELROSE FL	/	2 4 CITY-ST-ZIP	Cainesville Ola 32609		
TITLE.	VPD	DELFTE	3.1 TITLE	S- , Change Addition		
NAME	BRACEWELL, SAMUEL A.		3.2 NAME	Shieley LIVICELY		
STREET ADDRESS	PO BOX 855 N/A		3.3 STREET ADDRESS	SIT KINGS CT		
CITY-ST-ZiP	MELROSE FL		3.4 CITY-ST-ZIP	JAINESUITE 7/32(0)8/		
TITLE		DELETE	4.1 TITLE	LIVILLAM MALQUIS Change V Addition		
NAME			4.2 NAME.	WILL LE 17Th TILA		
STREET ADDRESS			4.3 STREET ADDRESS	4116 NE 17th TELL GAWESVILLE, P-32609		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP	GAMISVILLE PC 32609		
TITLE	•	DELETE	5 1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	ត		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP	19/2019		
TITLE		DELETE	6 1 TITLE	Change Change		
NAME [			62 NAME	, 11		
STREET ADDRESS			63 STREET ADDRESS	A CO		

14. I 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 cyliphwered 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 attachmost with an address.

SIGNATURE:

7-14-98