2004 FOR PROFIT CORPORATION

Feb 19, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000054574** 02-19-2004 90010 028 ***150 00 JEFFREY W. TANNER CATERING, INC. Principal Place of Business Mailing Address 2300 W LONGBOTTOM RD 2300 W LONGBOTTOM RD 54008223 AVON PARL, FL 33825 AVON PARL, FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Avon Park 57-1168433 Avon Park Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired _____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANIER, DAVID F Street Address (P.O. Box Number is Not Acceptable) 30 E MAIN ST AVON PARK, FL Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME TANNER, JEFFREY W NAME STREET ADDRESS 2300 W LONGBOTTOM RD STREET ADDRESS CITY-ST-ZIP AVON PARL, FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE M Change ☐ Addition TANNER, JANICE A NAME NAME STREET ADDRESS 2300 W LONGBOTTOM RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARL, FL 33825 Delete TITLE - Addition TITLE ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

863-455-5928