

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036489 (1)

1. Corporation Name

CHEF CALDWELL'S RESTAURANT AND CATERING, INC.



Principal Place of Business

20 S. ADAMS DR.
SARASOTA FL 34236

Mailing Address

20 S. ADAMS DR.
SARASOTA FL 34236

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

GUTIERREZ, JEAN Caldwell
20 S. ADAMS DR.
SARASOTA FL 34236

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

Jean Caldwell

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	CALDWELL, FRANK	STREET ADDRESS	20 S. ADAMS DR.	CITY-STATE-ZIP	SARASOTA FL 34236	☐ DELETE
TITLE	D	NAME	CALDWELL, JEAN	STREET ADDRESS	20 S. ADAMS DRIVE	CITY-STATE-ZIP	SARASOTA FL	☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

Jean Caldwell

Jean Caldwell

2-11-96

941-388-5400

5/5 3-25-96

CR2E034 (12/95)