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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000082681

Katherine Harris

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90016 001 ***150.00

CATERIN	ng and baking, inc.							
Principal Place	e of Business	Mailing Address				1 1881/801 1/6 (8/88 1)/// 88/(1 88/(1 88/1) 88/	# B194 B[] B II B18	#11#4 1#4#1 11#1 1##1
253 STUART AVE. P. O. BOX 767 LAKE WALES FL 33853 BABSON PARK FL 33827 US US						DO NOT WRITE IN	N THIS SPACE	
						3. Date Incorporated or Qualifed 12/03/1993		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 Philiopai Ph	lace of business	26	,			59-3274111		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired	• -	75 Additional e Required
22		27						
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5. Add	.00 May Be ded to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current y		
24	25	29	30	•		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curr					10. Name and Address of New Regis	stered Agent	
Onu	e, Jeanette			81	Name			
	STUART AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAKE	E WALES FL 33853			83				
				84	City	.	FL 85	Zip Code
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obli	ite of Florida. Such change	was autnonze	ea by tr	he corporatio	oration submits this statement for the purp n's board of directors. I hereby accept the	appointment a	is registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registere	ed Agent s	signature required	-	DATE	
SIGNATURE	<u> </u>	agent and title if applicable. AND DIRECTORS	(NOTE: Registere		signature required	when reinstating) CADDITIONS/CHANGES TO OFFICE	RS AND DIRE	
	OFFICERS A		13		signature required	-		
12.	OFFICERS A OP ODLE, JEANETTE	AND DIRECTORS	13 TE 1.13	3.	signature required	-	RS AND DIRE	
12.	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY	AND DIRECTORS	13 ETE 1.13 121	TITLE		-	RS AND DIRE	
12. TITLE NAME	OFFICERS A OP ODLE, JEANETTE	AND DIRECTORS	13 ETE 1.13 121 1.33 1.40	TITLE NAME STREET A	ADDRESS	-	RS AND DIRE	ange
12. TITLE NAME STREET ADDRESS	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY	AND DIRECTORS	13 ETE 1.17 121 1.39 146 ETE 2.11	TITLE NAME STREET A CITY-ST-	ADDRESS	-	RS AND DIRE	ange
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS	13 121 133 140 TE 2.11 221	B. TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ZIP	-	RS AND DIRE	ange
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS	133 121 133 140 ETE 2.11 2.21 2.33	3. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS ZIP	-	RS AND DIRE	ange
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS DELE	133 121E 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	ange ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS	13 1.2 1.3 1.3 1.4 1.2 1.1 1.2 1.2	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS ZIP	-	RS AND DIRE	ange ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS DELE	13 1.21 1.32 1.44 1.51 1.22 1.33 1.44 1.22 1.33 1.44 1.22 1.33 1.44 1.32 1.33 1.32 1.32 1.32 1.32 1.32 1.32	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	ange ☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS DELE	13 1.21 1.31 1.42 1.33 1.44 1.32 1.33 1.34 1.32 1.33 1.34 1.32 1.33 1.44 1.32 1.33 1.44 1.32 1.33 1.45 1.45 1.45 1.45 1.45 1.45 1.45 1.45	S. TITLE NAME STREET A CITY-ST- TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	ange Addition ange Addition ange Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A DP ODLE, JEANETTE 2022 N SCENIC HWY BABSON PARK FL	AND DIRECTORS DELE	13: TE 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 2.4 3.11 3.21 3.33 3.4 4.41 5.11 5.21 5.33 5.44 ETE 6.11	TITLE NAME STREET A CITY-ST- TITLE	ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE Cha	ange Addition ange Addition ange Addition ange Addition
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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 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 arrattachment with an address, wiff all other like empowered. CITY-ST-ZIP

SIGNATURE:

Daytime Phone #