

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000001695 (3)

1. Corporation Name
STEWART'S CATERING COMPANY

Principal Place of Business

2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32653
US

Mailing Address

2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

59-3215228

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, HARRY E
2106 N.W. 67TH PLACE
STE. 3
GAINESVILLE FL 32606

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STEWART, HARRY E
STREET ADDRESS 15312 N.W. 31 TERR.
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE V
NAME STEWART, ARLENE
STREET ADDRESS 15312 N.W. 31 TERR.
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE M
NAME HUDSON, KIMBERLY S
STREET ADDRESS 12603 N.E. 204 TERR.
CITY-ST-ZIP WALDO FL 32694

TITLE M
NAME HUDSON, WILLIAM R
STREET ADDRESS 12603 N.E. 204 TERR.
CITY-ST-ZIP WALDO FL 32694

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 an attachment with an address.

SIGNATURE:

William R. Hudson

1/27/98

352 371 9074

CH 034 (10/97)