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

PROFIT CORPORATION ANNUAL REPORT

**19**98



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400065740 (0)

CATFISH CLEM'S, INC.

Principal Place of Business		Mailing Address		t inditidet tid letti detti detti detti detti detti detti detti betat etti sent esett esett esett esett esett
10731 WILLIAMS RD.		10731 WILLIAMS RD.		
THONOTOSASSA FL 33592		THONOTOSASSA FL 33592		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/01/1994
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number Applied For
21		26		<b>59-3264059</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Hequired
City & State	)	City & State		6. Election Campaign Financing \$5.00 May Be
23	Country	<b>28</b>   Ζφ	Country	Trust Fund Contribution
Zip	ի⊹դ ′	Fi '	* h	8, This corporation owes or has paid the current year Inlang-ble Personal Property Tax due June 30. X Yes No
[24]	25 Name and Address of Current		<u>:0 </u>	10. Name and Address of New Registered Agent
ALIC			81 Name	
AUSTIN, LONNIE C 10731 WILLIAMS RD.				(D.C. D. Aberta in Mark Association)
	ONOTOSASSA FL 33592		82 Stroot Addr	ress (P.O. Box Number is Not Acceptable)
Inc	MO103A33A FL 33332		83	
			84 City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	J	poration submits this statement for the purpose of changing its registered
office or re	ogistered agent, or both, in the State of the factors of the collection of the colle	of Florida, Such change was au tions of Section 607,0505, Flori	thorized by the corporation	tion's board of directors. I hereby accept the appointment as registered
_	in tarrities with the teason a tree tronger		en canolog.	
SIGNATURE	Signature: type a or printed terminal respectived again	it and pile it appointed (NOIL)	Registereo Aport Esignaturo requir	ired which relinistating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	□ DEEFTE	1.1 TITLE	Change Addition
NAME	AUSTIN, LONNIE C		1.2 NAME	
STREET ADDRESS	10731 WILLIAMS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL		1.4 C(1)Y - ST - Z(P	01.
TITLE	VPST	[_] DELFIE	21100	Change Addition
NAME	AUSTIN, PAULETTE Y		2 2 NAME	
STREET ADDRESS	1073 WILLIAMS ROAD		2 3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	DELETE	2 4 CITY+ST+ZiP 31 TiTLE	Change Addition
TITLE		f'7 perut		€ 1 maile
NAME			3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CRY-S1-ZIP 4.1 TITLE	Change Addition
NAME		had everin	4 2 NAME	for the first terms of the first
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - S1 - ZIP	
TITLE		DELFTE	51 1II/LF	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			5.4 CHY-SI-ZIP	
TITLE		DELETE	611011	Change Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
DITY-ST-ZIP			6.4 CHY-ST-7IP	
14 I hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	director of the corporation or the rece	iver or trustee empowered to ex	rate and that my signalu œcule this report as req	ire shall have the same legal effect as if made under onth; that I am an juired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 d	or Block 13 if changed, or on an attac	liment with an address.		,
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				