FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **P94000073412 (6)**

1. Corporate Name
CATERING & CONCESSIONS, INC.

Principal Place of Business
7059 RAMONA BLVD
JACKSONVILLE FL 32205
US

Mailing Address
6839 RAMONA BOULEVARD
JACKSONVILLE FL 32205-4561

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business
21 6839 RAMONA Blvd.
Suite, Apt. #, etc.
22 —
City & State
23 Jacksonville, Fl
Zip 24 32205 Country 25 U.S.

2a. Mailing Address
26 7059 RAMONA Blvd.
Suite, Apt. #, etc.
27 —
City & State
28 Jacksonville, Fl
Zip 29 32205 Country 30 U.S.

4. FEI Number: 59-3273250 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
WALLER, KEITH M
6839 RAMONA BOULEVARD
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
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 Section s 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: Keith M. Waller (Corporate Officer, Director, Incorporator, or Agent) (NOTE: Registered Agent signature required when resigning) DATE: 2/28/97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	WALLER, KEITH M	
STREET ADDRESS	6960 RAMONA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VD	☐ DELETE
NAME	WALLER, KIMBERLY K	
STREET ADDRESS	6960 RAMONA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that 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: Keith M. Waller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/97 Daytime Phone #: (904) 786-2511