SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTEN SEPTEMBER 30, 1998
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062639 (6)

EDEE'S TEA HOUSE & CATERING, INC.

Principal Place of Business Mailing Address 201 SEFFNER RD. 201 SEFFNER RD.						A IEIA! MINI BRIT BRIT BRIT BRIT	Baira Siirit IIaia A	IFME SENIO (G19 BIO)	
					1				
SEFFNER FL 3	3584	SEFFNER FL 33584				DO NOT WRITE IN	THIS SDACE		
					3. Date Incorpora		THIS BEACL		
					08/14/1995	atod of department			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For				
21		26			59-3337392			Not Applicable	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.						5 Additional	
22		27			5. Certificate of S	Status Desired L	Fee	Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees					
Zip 24	Country Zip 25 29 30		Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
1	9. Name and Address of Curr					Idress of New Registe		==	
DAWSON, ETHEL C				Name					
201 SEFFNER RD. SEFFNER FL 33584				Street Add	reet Address (P.O. Box Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
			84	City			- 85 Zi	p Code	
	:	"	FL 85 Zip Code						
office or agent. I	registered agent, or both, in the Str am familiar with, and accept the ob Signeture, typed or printed name of registered a	figations of, section 607.0505,	Florida Statute	s.	on's board of director		re	registered	
12.	OFFICERS.	AND DIRECTORS	13.		ADDITIONS/CH	IANGES TO OFFICER	S AND DIREC	TORS IN 12	
TITLE	D	DELETE	1,1 TITLE		\a		☑ Chang	e Addition	
NAME	DAWSON, ETHEL C			j j	XWSON, Ethel (
STREET ADDRESS	2207 LAKE BAYWAY		1.3 STREE	TADDRESS 3	szy Zeph	igr Lane			
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-S	T-ZIP V	whice 1	76 33594	<u> </u>		
TITLE		DELETE	2 1 TITLE				Change	e 🔲 Addition	
NAME			2.2 NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			24 CITY-S	T-ZIP					
TITLE		DELETE	3.1 TITLE				L Chang	e Addition	
NAME			3,2 NAME						
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP			3.4 CITY-S	T-ZIP					
TITLE		DELETE	4.1 TITLE				Change	e Addition	
NAME			4.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	I-ZIP			T		
me		DELETE	0.1 HILE	- 1			l I Change	e 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 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)

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: ~

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

The Many of the Ma

DELETE

17-14-98 1413 685500

Change Addition

FILED

Jul 22 1998 8:00am

Secretary of State

CR2E034 (5/98)