FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000090746 (5) SLONE CATERING, INC.								
Principal Place of Business		Mailing Address						
4538 MOHICAN TRAIL VALRICO FL 33594		4538 MOHICAN TRAIL VALRICO FL 33594						
					3. Date Incorporated or Qualified 11/20/1995	3a. Date of	f Last Re	port
2. Principal Pia	ace of Business	2a. Mailing Address	3		4. FEI Number		⊢ −+	pplied For
21	M	26			59-33466	,04		lot Applicable Additional
Suite, Apt. #, etc			Suite, Apt #, etc.		5. Certificate of Status Desired			Additional lequired
City & State	9	Oity & State			Election Campaign Financing Trust Fund Contribution) May Be to Fees
Zip	Country 25	7/ρ 29]	Countr 30	/	8. Triis corporation has liability for Florida Statutes	r intang√ble tax t s	under s	199.032,
	9. Name and Address of Cure			·	10. Name and Address of New		ent	
			81	Name				
SLONE, THOMAS M 4538 MOHICAN TRAIL VALRICO FL 33594			82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
			83					
VALRICO	J FL 33384		84	City	. ,	T	85 Zip	Code
				"		-		
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida S	Statutes, the above	named corpor	ration submits this statement for the pe	urbuse of chark		
or register	th, and accept the obligations of, S	lor.da: Such change was au ection 607.0505, Florida Sta	ithorized by the con atutes.	ooration's boar	rd of directors. I hereby accept the ap	pointment as re	gistered	agent. Fam
or register familiar wil	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, typed or prince name of registered a	lor.da: Such change was au ection 607.0505, Florida Sta	ithorized by the con	ooration's boar	rd of directors. I hereby accept the ap	pointment as re	egistereo	agent. Fam
or register familiar wil SIGNATURE	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, typed of printro manic of registered a OF FICE RS /	for da Such change was au action 697.0505, Florida Sta grint and title if anomable	thorized by the con atutes. (NDTE Registered Ag-	ooration's boar	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	egistereo	agent. Fam
or register familiar will SIGNATURE	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or prince manife of repolated a OF FICERS A PD SLONE, THOMAS M	torda Such change was au ection 607.0505, Florida Sta gunt and too discinicable AND DIRECTORS	(NOTE Registered Agent 11 THUE	poration's boar	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered DIRECTOL	agent. Fam
or register familiar will SIGNATURE 12. THUE AAM: STREET ADDRESS	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torda Such change was au ection 607.0505, Florida Sta gunt and too discinicable AND DIRECTORS	thorized by the constitutes. INDITE Registered Ap 13. 1 1 TITLE 1 2 NAME 1 3 STREE	nd syndromeropice	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered DIRECTOL	BS IN 12
or register familiar will SIGNATURE	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed or prince manife of repolated a OF FICERS A PD SLONE, THOMAS M	torda Such change was au ection 607.0505, Florida Sta gunt and too discinicable AND DIRECTORS	thorized by the constitutes. INDITE Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY	in Esgrature required I ADDRESS ST-719	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered DIRECTOL	agent. Fam
or register familiar will SIGNATURE 12. THEE AAM: STREET ADDRESS CHY-SL-ZP	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au oction 607.0505, Florida Sta orini aid bled aren dale AND DIRECTORS	thorized by the constitutes. INDITE Registered Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY	in Esquation is poor I ADDRESS ST-2IP	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	gistered DIRE CTOI Change	RS IN 12
or register familiar will SIGNATURE 12. THE NAME SIMEEL ADDRESS CHY-SL-Z-P THE	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au oction 607.0505, Florida Sta orini aid bled aren dale AND DIRECTORS	thorized by the constitutes. INDITE Registered Ap. 13. 11 TITLE 12 NAME 13 STREE 14 CITY- 2 TITLE 22 NAME	in Esquation is poor I ADDRESS ST-2IP	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	gistered DIRE CTOI Change	RS IN 12
or registor familiar will SIGNATURE 12. THE AAM: STREET ADDRESS CITY-ST-Z-P THE NAME STREET ADDRESS CITY ST-Z-P	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au ection 607.0505, Florida Sta grint and the diagrand delay AND DIRECTORS ☐ DELETE	thorized by the constitutes. INDITE Registered Ap. 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY- E 2 TITLE 22 NAME 23 STREE 24 CITY-	L ADDRESS S1-ZIP LADDRESS S1-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered OIRE CTOI Change Change	RS IN 12 Addition
or registor familiar will SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZEP THE NAME STREET ADDRESS CITY ST-ZEP THE TADDRESS	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au oction 607.0505, Florida Sta orini aid bled aren dale AND DIRECTORS	## (## 1975) ## (#	I ADDRESS LADDRESS LADDRESS LADDRESS LADDRESS LADDRESS LADDRESS	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	gistered DIRE CTOI Change	RS IN 12
or registor familiar will SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZE THE NAME STREET ADDRESS CITY ST-ZE THE NAME NAME NAME	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au ection 607.0505, Florida Sta grint and the diagrand delay AND DIRECTORS ☐ DELETE	## 11 ## 1 #	I ADDRESS S1-ZIP Lagranian respective respe	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered OIRE CTOI Change Change	RS IN 12 Addition
or registor familiar will SIGNATURE. 112. THE NAME. STREET ADDRESS. CHY-ST-ZP. THE NAME. STREET ADDRESS. CHY-ST-ZP. THE NAME. STREET ADDRESS. CHY-ST-ZP. THE NAME. STREET ADDRESS.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au ection 607.0505, Florida Sta grint and the diagrand delay AND DIRECTORS ☐ DELETE	thorized by the constitutes. INDIE Proprieted Applied Tal. 1 1 TITLE 12 NAME 1 4 CITY. 2 1 TITLE 22 NAME 23 STREE 24 CITY. 31 TITLE 32 NAME 33 STREE	I ADDRESS S1-2IP LADDRESS S1-2IP LADDRESS S1-2IP	rd of directors. I hereby accept the ap dwww.remaringi	DATE FICERS AND D	igistered OIRE CTOI Change Change	RS IN 12 Add tion Addition
or registor familiar will SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZE THE NAME STREET ADDRESS CITY ST-ZE THE NAME NAME NAME	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	torida Such change was au ection 607.0505, Florida Sta grint and the diagrand delay AND DIRECTORS ☐ DELETE	thorized by the constitutes. INDITE Proprotest Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY 2 2 NAME 23 STREE 24 CITY 5 3 TITLE 32 NAME 33 STREE 34 CITY	I ADDRESS ST-ZIP L AGDRESS ST-ZIP L ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PAIL PICERS AND D	igistered OIRE CTOI Change Change	RS IN 12 Addition
or registor familiar will signature. 12. THE NAME. STREET ADDRESS. CHY-ST-ZE. TITE NAME. STREET ADDRESS. CHY-ST-ZE. TITE NAME. STREET ADDRESS. CHY-ST-ZE. TITE NAME. STREET ADDRESS. CHY-ST-ZE.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	lor.da Such change was au ection 607.0505, Florida State of the discount of the discount of the DELETE ☐ DELETE ☐ DELETE	thorized by the constitutes. INDITE Proprotest Age 13. 1 1 TITLE 12 NAME 13 STREE 14 CITY 2 2 NAME 23 STREE 24 CITY 5 3 TITLE 32 NAME 33 STREE 34 CITY	I ADDRESS ST-ZIP EL ADDRESS ST-ZIP EL ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PAIL PICERS AND D	Gistered OFFE CTOI Change Change	RS IN 12 Addition Addition
or registor familiar wild signature. 112. THE NAME. STREET ADDRESS. CHY-SL-ZP. TITLE	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	lor.da Such change was au ection 607.0505, Florida State of the discount of the discount of the DELETE ☐ DELETE ☐ DELETE	## India Proprieted April	I ADDRESS ST-ZIP EL ADDRESS ST-ZIP EL ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PAIL PICERS AND D	Gistered OFFE CTOI Change Change	RS IN 12 Addition Addition
or registor familiar will SIGNATURE. 112. 111. 111. SIRET ADDRESS CITY-ST-ZP. TITE NAME. SIRET ADDRESS CITY-ST-ZP. TITLE NAME. STREET ADDRESS CITY-ST-ZP. TITLE NAME. STREET ADDRESS CITY-ST-ZIP. THE NAME. STREET ADDRESS CITY-ST-ZIP.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	## India	I ADDRESS ST-ZIP LADDRESS ST-ZIP LADDRESS ST-ZIP LADDRESS ST-ZIP LADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Gistered OFFE CTOI Change Change Change	RS IN 12 Addition Addition Addition
or registor familiar will SIGNATURE. 12. THE NAME. STREET ADDRESS. CHY-SI-ZP. THE NAME.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	lor.da Such change was au ection 607.0505, Florida State of the discount of the discount of the DELETE ☐ DELETE ☐ DELETE	## The constitution of the	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Gistered OFFE CTOI Change Change	RS IN 12 Addition Addition
OF registor familiar will SIGNATURE. 112. THE NAME. SIMET ADDRESS CHY-SI-ZP. THE NAME. SIRET ADDRESS CHY-SI-ZP. THE NAME. STREET ADDRESS CHY-SI-ZP. THE NAME. STREET ADDRESS CHY-SI-ZP. THE NAME. STREET ADDRESS CHY-SI-ZP. THE NAME.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime a manuscreamined a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	## The constitution of the	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Gistered OFFE CTOI Change Change Change	RS IN 12 Addition Addition
OF registor familiar will SIGNATURE. 112. 1111. 1111. SIMET ADDRESS CITY-ST-ZP. TITE NAME. SIRET ADDRESS CITY-ST-ZP. TITE NAME. STREET ADDRESS.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime or manus of regestried a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	## The constitution of the	I ADDRESS ST-7/P 1 ADDRESS ST-7/P 1 ADDRESS ST-7/P 1 ADDRESS ST-7/P 1 ADDRESS ST-7/P	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Gistered OFFE CTOI Change Change Change	RS IN 12 Addition Addition
OF registor familiar will SIGNATURE. 112. 1111. 1111. SIGNATURE. 1111. SIREFLADDRESS. CHY-SI-ZP. TITLE. NAME. SIREFLADDRESS. CHY-SI-ZP.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime or manus of regestried a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Gistered OFFE CTOI Change Change Change	RS IN 12 Addition Addition Addition
or registor familiar will signature. 112. THE AAME. STREEL ADDRESS. CHY-SL-ZP. THE NAME. STREEL ADDRESS. CHY-SL-ZP. THE STREEL ADDRESS. CHY-SL-ZP. THE STREEL ADDRESS. CHY-SL-ZP. THE STREEL ADDRESS.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime or manus of regestried a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ADDRESS ST-7/P 1 ADDRESS ST-7/P	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Change Change Change Change	RS IN 12 Addition Addition Addition Addition
OF registor familiar will SIGNATURE. 112. 1111. 1111. SIGNATURE. 1111. SIREFLADDRESS. CHY-SI-ZP. TITLE. NAME. SIREFLADDRESS. CHY-SI-ZP.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime or manus of regestried a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	Tack The constitution Tack	I ADDRESS ST-7/P 1 ADDRESS ST-7/P	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Change Change Change Change	RS IN 12 Addition Addition Addition Addition
OF registor familiar will SIGNATURE. 112. 1111. 1111. 1111. STREEL ADDRESS CHY-SL-ZP TITLE NAME.	red agent, or both, in the State of Fi th, and accept the obligations of, S Signature, speed of prime or manus of regestried a OFFICERS of PD SLONE, THOMAS M 4538 MOHICAN TRAIL	DELETE DELETE	Tack The constitution Tack	I ADDRESS ST-ZIP	rd of directors. I hereby accept the ap dwww.remaringi	PICERS AND D	Change Change Change Change	RS IN 12 Addition Addition Addition Addition

SIGNATURE: From M. Slove Thomas M. Slove 9 APRIL 94 (813) 685-1406