

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

FILED  
Jan 20 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 # P96000068473 (3)

1. Corporation Name

CRITICS CHOICE CATERING, INC.



Principal Place of Business

Mailing Address

5795 W HWY 192  
KISSIMEE FL 34746  
US

5795 W HWY 192  
KISSIMEE FL 34746  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 16748 TEQUESTA TR.

2a. Mailing Address

26 16748 TEQUESTA TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CLERMONT, FL

City & State

28 CLERMONT, FL 34711

Zip

Country

24 34711

25 USA

Zip

Country

29 34711

30 USA

9. Name and Address of Current Registered Agent

GALLAGHER, JAMES  
18748 TEQUESTA TRAIL  
CLERMONT FL 34711

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3395445

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

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 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

James F. Gallagher

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GALLAGHER, JAMES  
STREET ADDRESS 18748 TEQUESTA TRAIL  
CITY-ST-ZIP CLERMONT FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

James F. Gallagher

1-5-98

407-980-1861

CR2E034 (10/97)