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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone # 0000183

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000104523 (1)** 

TIN LIZZY'S CATERING SERVICES, INC.

Principal Place of Business Mailing Address 10321 FORTUNE PKWY 10321 FORTUNE PKWY SUITE 200 SHITE 200 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-3521 3. Date Incorporated or Qualified 3a. Date of Last Report 12/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3419955 21 26 Not Applicable Suite Ant #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country  $Z_{1D}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PRESSER, EDWIN 4417 BEACH BLVD 82 SUITE 310 JACKSONVILLE FL 32207 83 Zip Code 32256 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 an director the excigations of Section 807.0505, Florida Statutes. 24197 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE President Change TITUE Wilson, Elizabeth A. 1.2 NAME NAME 10321 Fortune Pkwy #200 13 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32256 City - St - ZiP 1.4 CITY-ST-ZIP DELETE Change Addition THLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP 011 r - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ACIDRESS 3.4. CITY-ST-ZIP CHY-\$1-70" DELETE Change Addition 4.1 TITLE TITLE NAM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ANDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THUE NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 and cated 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