

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90075 017 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000041419**

1. Corporation Name  
**A CATERER'S TOUCH, ...+, INC.**



Principal Place of Business  
**2023 CANYON RIM PLACE  
 MIDDLEBURG FL 32068**

Mailing Address  
**2023 CANYON RIM PLACE  
 MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 795 Blanding Blvd. Suite 8**  
 Suite, Apt. #, etc.  
**22 Orange Park, FL**  
 City & State  
**23 32065** **25 USA**  
 Zip Country  
**24 32065** **29 USA**  
 Zip Country

2a. Mailing Address  
**26 795 Blanding Blvd. Suite 8**  
 Suite, Apt. #, etc.  
**27 Suite 8**  
 City & State  
**28 Orange Park, FL**  
 City & State  
**29 32065** **30 USA**  
 Zip Country

3. Date Incorporated or Qualified  
**05/05/1997**

4. FEI Number  
**59-3451098**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BLEVINS, HOWARD P JR**  
**2023 CANYON RIM PLACE**  
**MIDDLEBURG FL 32068**

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS, HOWARD P JR	1.2 NAME	
STREET ADDRESS	2023 CANYON RIM PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRAS, WILLIAM	2.2 NAME	
STREET ADDRESS	2035 CALUSO TRAILS	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Howard P Blevins, Jr. Date: 4/26/99 Daytime Phone #: 272-4200

CR2E034 (1/98)