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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P97000057281 (2)

| THE "BUTLERS" DID IT CATERING, INC. |  |  |                                       |   |                                    |
|-------------------------------------|--|--|---------------------------------------|---|------------------------------------|
|                                     |  |  |                                       |   |                                    |
| Principal Plac                      | ce of Business                                   | Mailing Address                                |                                       | L (BB)(sea) for IB-10 state secto about about secto   | MINIT ARBITA (YARE YANKI AFA) YANI |
|                                     |  | 8401 - 5TH STREET NOR<br>St. Petersburg fl 337 |                                       | DO NOT WRITE IN TH  | IIC CDACE                          |
|                                     |  |  |                                       | 3. Date incorporated or Qualified   | IIS STACE                          |
|                                     |  |  |                                       | 06/30/1997  |                                    |
| 2, Principal P                      | Place of Business                                | 2a. Mailing Address                            |                                       | 4. FEI Number   | Applied For                        |
|                                     |  | 26 5959 Central Avenue                         |                                       | <u>59-3457700</u>   | Not Applicable                     |
| Suite, Apt. #, etc.                 |  | Suite, Apt. #, etc.                            |                                       | 5. Certificate of Status Desired  | \$8.75 Additional                  |
| City & State                        |  | 27 Suite 201 City & State                      | · · · · · · · · · · · · · · · · · · · | 2 Starting Companies Starting   | Fee Required                       |
| 3                                   |  | 28 St. Petersbu                                | rg. FL                                | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees     |
| Zip                                 | Country  | Zφ   | Country                               | 8. This corporation owes or has paid the  |                                    |
|                                     | 25   |  | 30 USA                                | Personal Property Tax due June 30,  | Yes XNo                            |
|                                     | 9. Name and Address of Curren                    | t Registered Agent                             |                                       | 10. Name and Address of New Register  | ed Agent                           |
| BUILEN, NEX E                       |  |  | 81 Name                               | inglander & Fischer, P.A.   |                                    |
| 8401 - 5TH STREET NORTH             |  |  | ( <b>02</b> ( Siree)                  | Audress (F.O. Box Number is Not Acceptable)   | <del></del>                        |
| ST. PETERSBURG FL 33702             |  |  | 83                                    | 959 Central Avenue  |                                    |
|                                     |  |  |                                       | uite 201  |                                    |
|                                     |  |  | <b>84</b>   City                      | _   | L 85 Zip Code 33701                |
| 11 Pureuant                         | to the provisions of Sections 607 050            | 2 and 607 1508. Florida Statute                | 41 1                                  | <u> </u>  |                                    |
| office or r                         | registered agent, or both, in the State          | of Florida, Such change was a                  | authorized by the cor                 | corporation submits this statement for the purpos<br>poration's board of directors. I hereby accept the a | appointment as registered          |
|                                     | 11111  | 1000 s or, section 607.0505, rid               | inda Statutes.                        |   |                                    |
| SIGNATURE                           | Signature typegos printed name placegolieted age | nt and title if applicable (NOTI               | : Registered Agent signature          | required when reinstating) DAT  |                                    |
| 12.                                 | OFFICERS AND                                     |  | 13.                                   | ADDITIONS/CHANGES TO OFFICERS A   |                                    |
| TITLE                               | D  | DELETE   | 1,1 TITLE                             | S/T   | Change Additio                     |
| NAME                                | BUTLER, REX E                                    |  | 1.2 NAME                              |   |                                    |
| STREET ADDRESS                      | 8401 - 5TH STREET NORTH                          |  | 1.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                         | ST. PETERSBURG FL 33702                          | <b>→</b> DELÉTE                                | 1.4 CITY-ST-ZIP                       |   | Change Additio                     |
| TITLE                               | D BITTLED LOUIS E                                | TX nerese                                      | 2.1 THTLE                             |   | Change Additio                     |
| NAME<br>Street address              | BUTLER, LOUIS E<br>8401 - 5TH STREET NORTH       |  | 2.2 NAME 2.3 STREET ADDRESS           |   |                                    |
| CITY - ST - ZIP                     | ST. PETERSBURG FL 33702                          |  | 2.4 CITY-ST-ZIP                       |   |                                    |
| TITLE                               | D  | DELETE   | 3.1 TITLE                             |   | Change Additio                     |
| NAME                                | BUTLER, JESSICA L                                | <del>-</del> 7A                                | 3.2 NAME                              |   | <del></del>                        |
| STREET ADORESS                      | 8401 - 5TH STREET NORTH                          |  | 3.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                         | ST. PETERSBURG FL 33702                          |  | 34. CITY-ST-ZIP                       |   |                                    |
| TITLE                               | D  | DELETE   | 41 TITLE                              |   | Change Addition                    |
| NAME                                | BUTLER, ALICE J                                  | 23   | 4. 2 NAME                             |   |                                    |
| STREET ADDRESS                      | 8401 - 5TH STREET NORTH                          |  | 4.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                         | ST. PETERSBURG FL 33702                          |  | 4.4 CITY-ST-ZIP                       |   |                                    |
| ITTLE                               |  | DELETE   | 5.1 TITLE                             |   | Change Addition                    |
| NAME                                |  |  | 5.2 NAME                              |   |                                    |
| STREET ADDRESS                      |  |  | 5.3 STREET ADDRESS                    |   |                                    |
| CITY-ST-ZIP                         |  | DELETE   | 5.4 CITY-ST-ZIP                       |   | Change Addition                    |

14. Thereby 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 13 if changed, or on an attachment with an address.

NAME STREET ADDRESS

Alogica

**FILED** 

May 14 1998 8:00am

Secretary of State