PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT# P98001 LEWIS CATERING SERVIC		218							
Principal Place	e of Business	Mailir	ng Address			1 (Califial (A des) (ditt aus) en	(I) 68 (1) 98 (3) 311	102 111/0 11001	(188) (81) (88)	
1410 MONTROS	SE AVE.	1410	MONTROSE AVE.							
LAKELAND FL	33805	LAKEL	AND FL 33805			DO NOT WRI	TE IN THIS S	PACE -		
ĺ						3. Date Incorporated or Qualifed				1
ļ						06/12/1998				
2 Principal P	loce of Rusinger	2a M	lailing Address			4. FEI Number 3 9 3 5 /	8802	- Ap	plied For	
_ '	7,110,001,100								t Applicable	
21 Suite, Apt.	# etc.		uite, Apt. #, etc.			Daniel de la Contraction de la		\$8.75 A		
22	-	27	•			5. Certificate of Status Desired		Fee Re	duired	
City & State	9		ity & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			_	Trust Fund Contribution		Added to	o Fees	
Zio	Country	Z	ip	Coun	ry	B. This corporation owes the curr			I	
24	25	29	3	30		Personal Property Tax.			⊠No	
	9. Name and Address of Curr	ent Register	ed Agent			10. Name and Address of New F	Registered A	gent		
3 5347	IS. GEORGE W			{	11 Name	•.				
	MONTROSE AVE.			Įį	2 Street Add	dress (P.O. Box Number is Not Accepta	abia)			
	ELAND FL 33805			L	_			·		
LANC	EDIND PE 33003			*	3					
				1	4 City		FL	85 Zip (Code	
			1500 51 11 51 11		1	and the statement for the	Purpose of c	hanging its	registered	
11. Pursuant office or to	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607. Ie of Florida	1508, Flonda Statutes Such change was aut	s, the acc thorized t	ive-named com by the corporal	rporation submits this statement for the tion's board of directors. I haveby accept	of the appoint	ment as rec	gislered	
agent. I a	m familiar with, and accept the obliq	gations of, \$6	ection 607.0505, Floric	da Statut	es.					
SIGNATURE							DATE			2
	Signature, typed or prailed name of registered as	gent and tile # #P	plicable. (NOTE: R			and when redrigating) ADDITIONS/CHANGES TO OF	DATE			(80)
12.	Signature, typed or prailed name of registered at OFFICERS A	gent and tile # #P	plicable. (NOTE: R	Registered A	pent signature requi	ired when reinstating)	DATE FICERS AND			(41/08)
12.	OFFICERS A	gent and tile # #P	plicable. (NOTE: R	lagistered A	gent signature requi	ired when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12	24 (44/09)
12. TITLE NAME	OFFICERS A P LEWIS, GEORGE W	gent and tile # #P	plicable. (NOTE: R	13. 1.1 TITL 1.2 NAM	gent signature requi	ired when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12	E024 (44/00)
12. TITLE NAME STREET ADDRESS	OFFICERS A	gent and tile # #P	plicable. (NOTE: R	13, 1.1 TITL 12 NAM 1.3 STR	pent signature requi	ired when reinstating)	FICERS AND	OIRECTO	ORS IN 12	2E024 /44
12. TITLE NAME	OFFICERS A LEWIS, GEORGE W 1410 MONTROSE AVE.	gent and tile # #P	plicable. (NOTE: R	13, 1.1 TITL 12 NAM 1.3 STR	ent signature requi	ired when reinstating)	FICERS AND	OIRECTO	RS IN 12	CD2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A LEWIS, GEORGE W 1410 MONTROSE AVE. LAKELAND FL 33805	gent and tile # #P	PRESIDIRE R FORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E E E EET ADDRÉSS -ST-ZIP	ired when reinstating)	FICERS AND	OIRECTO	DRS IN 12 ☐ Addition	2E024 (44
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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 eath; 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, with all other like empowered.

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Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90192 025 ***150.00