

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90008 008 ***150.00

DOCUMENT # P98000083250

1. Corporation Name

A JEWELL FULL SERVICE CATERING, INC.

Principal Place of Business

7222 LINDA DR.
JACKSONVILLE FL 32208

Mailing Address

7222 LINDA DR.
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1998

4. FEI Number

59-3537758

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 7222 Linda Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 Jacksonville Florida

City & State

28 Zip

24 32208

Country
25 USA

Zip

29 Country

30

9. Name and Address of Current Registered Agent

HUGHES, PATRICIA E
9051 ADAMS AVE.
JACKSONVILLE FL 32208

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TAYLOR, JAMES
STREET ADDRESS 4614 EFFINGHAM RD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE

NAME MALONE, PEGGY
STREET ADDRESS 7222 LINDA DR.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE

NAME HUGHES, PATRICIA
STREET ADDRESS 9051 ADAMS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE

NAME HUGHES, SAM
STREET ADDRESS 8352 CENTURY PT. DR. S
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE

NAME HUGHES, KATRELL
STREET ADDRESS 8352 CENTURY PT. DR. S
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE

NAME WILLIAMS, THERESA
STREET ADDRESS 1735 BROOKER RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME HUGHES, RONALD
1.3 STREET ADDRESS 1000 Broward Rd
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32218

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)