## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Søndra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S21082 (0) CATERED BY JAMES, INC. Principal Place of Business Mailing Address 670 EAST STATE RD 434 4649 PARK BREEZE CT WINTER SPRINGS FL 32708 ORLANDOLFL 32808 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 3a. Date of Last Report **01/01/1991** FEI Number 05/01/,1996 2, Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 670 E. S.R. 434 59-3041070 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Winter Sor Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 32708 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BURKE, JAMES **238 OAK RD** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32751 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE Change Addition **BURKE, JAMES** NAME 1.2 NAME 238 OAK ROAD 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STONE, OSKAR NAME 22 NAME 238 OAK ROAD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Chance Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STALET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 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.

6.4 CHTY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

Stowe

Change

Addition