

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 1:12

DOCUMENT # S61371 (8)

1. Corporation Name

TOM'S CATERING, INC.

Principal Place of Business

5221 NW 78TH TERRACE
LAUDERHILL FL 33351

Mailing Address

5221 NW 78TH TERRACE
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0266157	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
7. This corporation has liability for intangible tax under C. 109.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 11680 NW 2ND AVE Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS 24 33071	2a. Mailing Address 26 11680 NW 2ND AVE Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS 29 33071
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9. Name and Address of Current Registered Agent

PAPPALARDO, JOSEPH A.
6911 OCALA LANE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DEFEQ, THOMAS SR.	1.7 NAME	DEFEQ THOMAS SR
STREET ADDRESS	5221 NW 78TH TERRACE	1.3 STREET ADDRESS	11680 NW 2ND DRIVE
CITY, ST, ZIP	SUNRISE FL	1.4 CITY, ST, ZIP	CORAL SPRINGS FL 33071
		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas C Defeo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #