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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 02 1997 8:00am Secretary of State



1	1997	S. 3	Secri DIVISION C	F CORPORATIONS	Secreta	my or k	
DOCUN 1. Corporation	MENT # S786 CATERING, INC.	657	(1)		g jägjjäja ja 1200 tokka akai akki akki	di Digir Aldi; dini: dini: di	0 (1 4 2 0 31 1 30 1
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Principal Place of Business Mailing Address 507 N. LANE AVE. JACKSONVILLE FL 32254 US US Mailing Address 507 N. LANE AVE JACKSONVILLE FL 32254 US				2254-2820	, restrate (11 (esser terrs stre) stre test etst; etst stell stell stell stell stell		
					3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last 6 05/21/1996	
2. Principal Pla	ace of Business		Mailing Address		4. FEI Number		pplied For
<u> </u>		26			59-3084522	N	ot Applicat
Sulte, Apt. #	#, etc.	├ ─¬	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State		27	City & State				equired
City & State	,	F1	ury & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28	Zip	Country	This corporation has liability for its second contribution.		to Fees 199 032
4	25	29	•	30	Florida Statutes	Yes 🗌 No	3. 100.00P ₁
	9. Name and Address of C	Current Registe	ered Agent		10. Name and Address of New Re	gistered Agent	
RAY, LINDA L				81 Name			
507 N. LANE AVENUE				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
JAC	XSONVILLE FL 32205			83			
				63			
	o the provisions of Sections 60 ogistered agent, or both, in the namiliar with, and accept the	07.0502 and 60 State of Florida obligations of,	7.1508, Florida Sta a. Such change wi Section 607.0505,	84 City stutes, the above-named cores authorized by the corporal Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept		Code its registere s registered
SIGNATURE 3	Signature, typed or printed name of registe		applicative (f			DATE DATE	its registere s registered
SIGNATURE 5	Signature, typed or printed name of register OFFICER	ered agent and tille if	applicative (f	atutes, the above-named cores authorized by the corpora Florida Statutes. NOT: Registered Agent signalure requirements and the corpora signalure requirements and the corporation of th	pired when reil stating)	purpose of changing of the appointment as	its registere s registered
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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.

· Skiller III () III II