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

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82319** **(2)**

1. Corporation Name

**A CATERED AFFAIR OF THE ISLANDS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 16450 SAN CARLOS BLVD<br>#2<br>FT MYERS FL 33908<br>US | PO BOX 1662<br>SANIBEL FL 33957<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/24/1991**

3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **65-0284910** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J.**
**1633 PERIWINKLE WAY**
**SUITE A**
**SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name: PEGGY ROSSI MANNIX

82 Street Address (P.O. Box Number is Not Acceptable): 16450 SAN CARLOS BLVD #2

83 FT. MYERS, FL 33908

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: PEGGY ROSSI MANNIX - PRES DATE: 4/28/95

Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☒ Change | ☐ Addition |
| NAME | ROSSI, PEGGY | 1.2 NAME | MANNIX, PEGGY ROSSI | |
| STREET ADDRESS | 5855 SANIBEL-CAPTIVA RD. | 1.3 STREET ADDRESS | 16450 SAN CARLOS BLVD. #2 | |
| CITY-ST-ZIP | SANIBEL FL | 1.4 CITY-ST-ZIP | FT. MYERS, FL 33908 | |
| TITLE | DST | 2.1 TITLE | ☐ Change | ☐ Addition |
| NAME | COBHAM, CRISTINA | 2.2 NAME | | |
| STREET ADDRESS | 5855 SANIBEL-CAPTIVA RD. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANIBEL FL | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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.

**SIGNATURE:** PEGGY ROSSI MANNIX - PRES 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0483009 FP