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

Block 12 or Block 13 if changed, or on so attachment with an address

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 501237 CASA BONITA RESTAURANT, INC. Mailing Address Principal Place of Business 20610 CANDLEWOOD HOLLOW RD. 20610 CANDLEWOOD HOLLOW RD. ESTERO FL 33928 ESTERO FL 33928 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1976 2a. Mailing Address Applied For 26 59-1699932 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 28 Added to Fees 23 Trust Fund Contribution Country Zip Country Zip This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address at New Registered Agent Name, EMMA M. MCCULY 26235 HICKORY BLVD. 82 **BONITA SPRINGS FL 33923** R3 Zip Code City 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation is this statement for the purpose of changing 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 registe 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 (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 72E034 (10/97 13. DELETE Change Addition TITLE 1.1 TITLE MAJOR JR. WILLIAM J. 1.2 NAME NAME 25900 HICKORY BLVD. #301 1.3 STREET ADDRESS STREET AFIDRESS **BONITA SPRINGS FL 33923** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 DIVE MCCULLY, EMMA M. 2.2 NAME NAME 20610 CANDLEWOOD HOLLOW RD. STREET ADDRESS 2.3 STREET ADDRESS **ESTERO FL 33928** CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- <u>\$1-2IP</u> CITY-ST-ZIP 🔲 DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 await 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.

FILED