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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 529979

(7)

1. Corporation Name

JIMBO'S RESTAURANTS, INC.

Principal Place of Business

607 EL DORADO PKWY. W
CAPE CORAL FL 33914

Mailing Address

607 EL DORADO PKWY. W
CAPE CORAL FL 33914-7248



3. Date Incorporated or Qualified

03/08/1977

3a. Date of Last Report

04/20/1996

4. FEI Number

59-1726926

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

2. Principal Place of Business

21 4211 JACE COURT

Suite, Apt. #, etc.

22 City & State

23 ESTERO, FL

Zip

24 33928

Country

25 USA

2a. Mailing Address

26 4211 JACE COURT

Suite, Apt. #, etc.

27 City & State

28 ESTERO, FL

Zip

29 33928

Country

30 USA

9. Name and Address of Current Registered Agent

DELODDER, FRANCOIS
607 EL DORADO PKWY. W.
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name
FRANCOIS DELODDER

82 Street Address (P.O. Box Number is Not Acceptable)
4211 JACE COURT

83

84 City
ESTERO, FL

FL

85 Zip Code
33928

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 of Francois Delodder]

[Signature of Francois Delodder]

DATE 2/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELODDER, FRANCOIS	
STREET ADDRESS	607 ELDORADO PKWY W.	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELODDER, MARY MARGARET	
STREET ADDRESS	607 ELDORADO PKWY W	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DELODDER, DEBORAH L.	
STREET ADDRESS	628 SE 12TH CT., #39	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeLodder, Francois	
1.3 STREET ADDRESS	4211 Jace Court	
1.4 CITY - ST - ZIP	Estero, FL 33928	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeLodder, Mary Margaret	
2.3 STREET ADDRESS	4211 Jace Court	
2.4 CITY - ST - ZIP	Estero, FL 33928	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeLodder, Deborah L.	
3.3 STREET ADDRESS	4211 Jace Court	
3.4 CITY - ST - ZIP	Estero, FL 33928	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature of Francois Delodder]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of Francois Delodder]

2/27/97

Date

941-498-2842

Daytime Phone #

CR2E034 (9/96)