FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90020 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 529979

1. Corporation Name

JIMBO'S	RESTAURANTS, INC.						
Principal Place	of Rusiness	Mailing Address			— Cinnata anta anta tant tant tant tan	r albit Bistli Stålt blett at	ATT ATAM TARE
1604 SE 46TH STREET 4211 JACE COURT CAPE CORAL FL 33904 ESTERO FL 33928							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/08/1977		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21 4211 Jace Court 26					59-1726926	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #					- 0 // 1 Old - Delend	\$8.75 AG	dditional
27					5. Certificate of Status Desired	· · · Fee Req	Juired
City & State City & Str					6. Election Campaign Financing	\$5.00 N	vlav Be
	ro, Florida	28	ā		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current y	ear Intangible	
3392			30		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent	
			8	1 Name			
DELODDER, FRANCOIS			-	2 Street Add	ress (P.O. Box Number is Not Acceptable)	_	
4211 JACE COURT			"	2 Sileet Addi	Address (P.O. Box Number is Not Acceptable)		
ESTI	ERO FL 33928		8	3			
			_	<u>- </u>			
			8	4 City		FL 85 Zip C	ode
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the abo	ve-named corr	poration submits this statement for the purp	ose of changing its r	registered
office or n	egistered agent or both in the State.	of Florida. Such change was a	uthorized C	v the corporati	ion's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, ric	nda Statut	35.			Î
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable (NOTE	Registered Ac	ent signature require	ed when reinstating) D	ATE	
12.			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	DELODDER, FRANCOIS		1.2 NAMI	 	·		l
	4211 JACE COURT		- 6	ET ADDRESS			Í
STREET ADDRESS	ESTERO FL 33928						
CITY-ST-ZIP	SD DELETE		1.4 CITY-ST-ZIP			Change	Addition
TITLE						, - -	_
NAME	DELODDER, MARY MARGARET		2.2 NAM	i			3
STREET ADDRESS,	4211 JACE COURT			ET ADDRESS			\.
CITY-ST-ZIP	ESTERO FL 33928			- ST-ZIP		Change	Addition
TITLE	DV DELODDED DEBODALLI						٠, ٠
NAME	DELODDER, DEBORAH L.		3.2 NAM				
STREET ADDRESS	4211 JACE COURT			ET ADDRESS			
CITY-ST-ZIP	ESTERO FL 33928		3.4. CITY			☐ Change	Addition
TITLE		☐ DELETE	4,1 TITLE				
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS			. \
CITY-ST-ZIP			4.4 C/TY				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM	· ·	·		-
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM	E \			Y

14. I 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, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-498-2842)