

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F75670 (2)**

1. Corporation Name  
**RONNIE'S AT THE BEACH, INC.**



Principal Place of Business  
**906 S.W. 47TH TERRACE, APT. #3  
CAPE CORAL FL 33914**

Mailing Address  
**906 S.W. 47TH TERRACE, APT. #3  
CAPE CORAL FL 33914**

3. Date Incorporated or Qualified **04/08/1982** 3a. Date of Last Report **03/27/1995**

2. Principal Place of Business  
**21 187 Oakley Avenue**  
Suite, Apt. #, etc.  
**22**

2a. Mailing Address  
**26 187 Oakley Avenue**  
Suite, Apt. #, etc.  
**27**

City & State  
**23 North Fort Myers, FL**  
Zip Country  
**24 33903 25 USA**

City & State  
**26 North Fort Myers, FL**  
Zip Country  
**29 33903 30 USA**

4. FEI Number **59-2178500** 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**

**COTTRELL, JAMES L.  
1714 CAPE CORAL PKWY.  
CAPE CORAL FL 33904**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FAUBERT, GUY G</b>	
STREET ADDRESS	<b>906 S.W. 47TH TER. APT#3</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>FAUBERT, PATSY M.</b>	
STREET ADDRESS	<b>906 SW. 47TH TER., APT#3</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>187 Oakley Avenue</b>
1.4 CITY-ST-ZIP	<b>North Fort Myers, FL 33903</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>187 Oakley Avenue</b>
2.4 CITY-ST-ZIP	<b>North Fort Myers, FL 33903</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Guy G. Faubert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25, 96*  
Date

Daytime Phone #

CR2E034 (12/95)