

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F75670**

(2)

1. Corporation Name

**RONNIE'S AT THE BEACH, INC.**

Principal Place of Business

Mailing Address

**187 OAKLEY AVE  
N FT MYERS FL 33903  
US**

**187 OAKLEY AVE  
N FT MYERS FL 33903-3748  
US**



3. Date Incorporated or Qualified  
**04/06/1982**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business  
21 **5221 Nautilus Drive**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **5221 Nautilus Drive**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2178500**

Applied For  
Not Applicable

22 City & State  
23 **Cape Coral, Florida**

27 City & State  
28 **Cape Coral, Florida**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country  
**33904 USA**

29 Zip Country  
**33904 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FAUBERT, GUY G</b>	
STREET ADDRESS	<b>187 OAKLEY AVE</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>FAUBERT, PATSY M.</b>	
STREET ADDRESS	<b>187 OAKLEY AVE</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Faubert, Guy G</b>	
1.3 STREET ADDRESS	<b>5221 Nautilus Drive</b>	
1.4 CITY-ST-ZIP	<b>Cape Coral, Florida 33904</b>	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Faubert, Patsy M</b>	
2.3 STREET ADDRESS	<b>5221 Nautilus Drive</b>	
2.4 CITY-ST-ZIP	<b>Cape Coral, Florida 33904</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 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: *Guy G. Faubert* **GUY FAUBERT**  
PRESIDENT

*4/23/97* (941) 945-6916  
Date Daytime Phone #

0396798

CR2E034 (9/96)