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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F75670

1. Corporation Name

RONNIE'S AT THE BEACH, INC.

· ····oipai · ·aac	e or business	Mailing Address						
5221 NAUTILUS	DR	5221 NAUTILUS DR						
CAPE CORAL F	L 33904	CAPE CORAL FL 33904						
US		US	U\$			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/08/1982		\ \
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
	ace of Eddiness	— ·				59-2178500	H	Not Applicable
21		26		٠.		39 2 110300	607	5 Additional
Suite, Apt.	#, etc	Suite-Apt. #, etc				5. Certificate of Status Desired		Required
22		27				<u> </u>		
City & State	e	City & State	City & State			6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution ' Added to Fees		
Zip	Country	Zip	Coun	itry		8. This corporation owes the current y	ear Intangible	ĺ
24	25	29	30			Personal Property Tax.	😾 Yes	□No Ì
	9. Name and Address of Curre		1.	0		10. Name and Address of New Regis	tered Agent	
				81	Name			
COTTRELL, JAMES L. 1714 CAPE CORAL PKWY.			1					
			Γ	82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)		
			L	_			.•	
CAPI	E CORAL FL 33904			83				
			-				05 7	in Codo
				84	City		FL 85 Z	ip Code
44 D	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	s the ah	OVE	a-named corno	oration submits this statement for the purp	ose of changing	its registered
office or r	anistered agent or both in the Stati	e of Florida. Such change was au	thorized	bv 1	the corporation	n's board of directors. I hereby accept the	appointment as	registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statu	tes.	-			
SIGNATURE								}
Olonariona	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:		Agent	t signature required	The state of the s	ATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITI	LΕ			Chan	ge 🗌 Addition
NAME I	FAUBERT, GUY G	•	1.2 NA	ME				ľ
	5221 NAUTILUS DR		13975	EET	ADDRESS			Į.
STREET ADDRESS	CAPE CORAL FL							Ì
CITY-ST-ZIP								Ì
TITLE		C DELETE	1.4 CIT	Y-ST		VI	□ Chan	no Addition
1	STD	☐ DELETE	2.1 ™	Y-ST LE			☐ Chan	ge
NAME		☐ DELETE		Y-ST LE			☐ Chan	ge Addition
	STD FAUBERT, PATSY M.	☐ DELETE	2.1 TITI 2.2 NAJ	Y-ST LE ME			☐ Chan	ge Addition
STREET ADDRESS	STD FAUBERT, PATSY M. 5221 NAUTILUS DR	DELETE	2.1 TITI 2.2 NAI 2.3 STF	Y-ST LE ME REET	T-ZIP		☐ Chan	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE	STD FAUBERT, PATSY M. 5221 NAUTILUS DR		2.1 TITI 2.2 NAI 2.3 STF 2. 4 CT 3.1 TITI	Y-ST LE ME REET IY-S' LE	T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	STD FAUBERT, PATSY M. 5221 NAUTILUS DR		2.1 TITT 2.2 NAV 2.3 STF 2.4 CTT 3.1 TITT 3.2 NAV	Y-ST LE ME REET IY-S' LE ME	T-ZIP T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	STD FAUBERT, PATSY M. 5221 NAUTILUS DR		2.1 TITT 2.2 NAV 2.3 STF 2.4 CTT 3.1 TITT 3.2 NAV	Y-ST LE ME REET IY-S' LE ME	T-ZIP			
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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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ĞÜYJĞ≅FÄÜBERT, President

941-945-6916