

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000003551 (7)

1. Corporation Name

THE AUTHENTIC MAINE LOBSTER BAKE CO.

Principal Place of Business

11270 PALM BEACH BLVD  
FT MYERS FL 33905  
US

Mailing Address

11270 PALM BCH BLVD  
FT MYERS FL 33905-5805  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

Country

24

25

2a. Mailing Address

26 16050 Bay Pointe Blvd

Suite, Apt. #, etc.

27 C 203

City & State

28 No. Fort Myers, FL

Zip

29 33917

Country

30 USA

9. Name and Address of Current Registered Agent

BROWNRIGG, JAMES P.  
16150 BAY POINTE BLVD, STE B-202  
N FT MYERS FL 33917

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

01-0343906

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

10. Name and Address of New Registered Agent

81 Name

JAMES P. BROWNRIGG

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

16050 BAY POINTE BLVD., C203

83

84 City

No. Fort Myers

FL

85 Zip Code

33917

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 ☐ DELETE

NAME PC  
BROWNRIGG, DIANE M  
STREET ADDRESS 195 FOWLER RD  
CITY-ST-ZIP CAPE ELIZABETH ME 04107

TITLE ☐ DELETE

NAME STVC  
BROWNRIGG, JAMES P.  
STREET ADDRESS 16150 BAY POINTE BLVD, B-202  
CITY-ST-ZIP N FORT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PC  
BROWNRIGG, DIANE M  
1.3 STREET ADDRESS 16050 BAY POINTE BLVD., C203  
1.4 CITY-ST-ZIP NO. FORT MYERS, FL 33917

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STVC  
JAMES P. BROWNRIGG  
2.3 STREET ADDRESS 16050 BAY POINT BLVD, C203  
2.4 CITY-ST-ZIP NO. Fort Myers, FL C203

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4/21/97 941-731-803A

FILED  
Apr 25 1997 8:00am  
Secretary of State



CR2E034 (9/96)