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

**PROFIT** CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 **DOCUMENT # J27310** BARRIER ISLANDS CAFE GROUP, INC.

(8)

Principal Place of Business Mailing Address C/O LYNDA LEONARD C/O LYNDA LEONARD 2007 PERIWINKLE WAY 2007 PERIWINKLE WAY SANIBEL FL 33957 SANIBEL FL 33957-4100 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1986 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2718689 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes \( \sum \) No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEONARD, LYNDA 850 HATCHEE VISTA LANE 82 Street Address (P ' Ω \_Box Number is Not FT MYERS 33919 **B3** 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 AVADA RO-BOYCE - PreSident. inted name of registered agent and title if applicants 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE **Change** TITLE 1.1 TITLE LEONARD, LYNDA 66 NAME 1.2 NAME 850 HATCHEE VISTA LN. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY - ST - ZIP 14 CITY-ST-ZIP **Ø** DELETE TITLE 21 TITLE  $\nu_P$ LEONARD, LYNDA ENNEH 22 NAME NAME **850 HATCHEE VISTA LANE** STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 2.4 CHY-ST-ZIP CITY-ST-7IP ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE

CITY - ST - ZIP 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 1007, Florida Statutes; and that my name am an officer or director of the corporation of appears in Block 12 or Block 13 if changed an address

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CHY-ST-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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Change

Change

Addition

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FILED

Feb 13 1997 8:00am

Secretary of State