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FILED
Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J38018 (4)

1. Corporation Name
RIVIERA OYSTER BAR, INC.

Principal Place of Business

% JENNIFER K. HORTON
5500-DELTONA DR
PUNTA GORDA FL 33950

Mailing Address

% JENNIFER K. HORTON
5500-DELTONA DR
PUNTA GORDA FL 33950-8751



2. Principal Place of Business

21 826 W. VIRGINIA AVE
Suite Apt. # etc.

22 City & State
PUNTA GORDA

23 Zip
FL 33950

24 Country
Charlotte

2a. Mailing Address

26 826 W. VIRGINIA AVE
Suite Apt. # etc.

27 City & State
PUNTA GORDA, FL

28 Zip
33950

30 Country
Charlotte

3. Date Incorporated or Qualified

01/01/1987

3a. Date of Last Report

03/26/1996

4. FEI Number

59-2745809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HORTON, JENNIFER K.
5500-DELTONA DR
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

JENNIFER HORTON

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

826 W. VIRGINIA AVE

83 City

PUNTA GORDA

84 State

FL

85 Zip Code

33950

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 of officer or principal of corporation or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CHAFFIN, LEE ROY
STREET ADDRESS 5500-DELTONA DRIVE
CITY- ST- ZIP PUNTA GORDA FL

☐ DELETE

TITLE D
NAME CHAFFIN, SARA E.
STREET ADDRESS 5500-DELTONA DRIVE
CITY- ST- ZIP PUNTA GORDA FL

☐ DELETE

TITLE VSP
NAME HORTON, JENNIFER K.
STREET ADDRESS 5500-DELTONA DRIVE
CITY- ST- ZIP PUNTA GORDA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

826 W. VIRGINIA AVE.

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

826 W. Virginia Ave.
Punta Gorda, FL 33950

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

826 W. VIRGINIA AVE.

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:

JENNIFER K. HORTON JENNIFER K. HORTON 2-6-97 941-639-3578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)