

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J82663 (2)
1. Corporation Name
HOOTERS OF BRADENTON, INC.

Principal Place of Business Mailing Address
% NEIL G. KIEFER-ESQ.
100 2ND AVE. SOUTH STE. 400
ST. PETERSBURG FL 33701-4336
% NEIL G. KIEFER-ESQ.
100 2ND AVE. SOUTH STE. 400
ST. PETERSBURG FL 33701-4336

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/10/1987 3a. Date of Last Report 06/30/1994
4. FEI Number 59-2834231 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

2. Principal Place of Business 2a. Mailing Address
21 4411 CLEVELAND AVE 25 4411 CLEVELAND AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 FT. MYERS FL 28 FT. MYERS FL
Zip Country Zip Country
24 33901 25 US 29 33901 30 US

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GARGANO, ANTHONY J.
1520 ROYAL PALM SQUARE BLVD.
SUITE 260
FT. MYERS FL 33919
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/C.E.O. ☐ Change ☐ Addition
NAME	LAGESCHULTE, DAVID L.	1.2 NAME	
STREET ADDRESS	2644 SHRIVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	D/P ☐ Change ☐ Addition
NAME	BRAWNER, TERRY K.	2.2 NAME	
STREET ADDRESS	1430 LARK SPUR	2.3 STREET ADDRESS	1410 THISTLE BOWEN LANE
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	D/S/T ☐ Change ☐ Addition
NAME	LYNCH, PAUL W.	3.2 NAME	
STREET ADDRESS	5745 SANDPIPER PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KLINGENSMITH, KIT A.	4.2 NAME	
STREET ADDRESS	6723 PLANTATION MANOR LP	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REGNIER, DALE R.	5.2 NAME	
STREET ADDRESS	981 WITTMAN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Paul W. Lynch Sec/Treas 3/15/95 813-275-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dyer/Printed Name

PAUL W. LYNCH SEC/TREAS