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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J82663** **(2)**

1. Corporation Name
HOOTERS OF BRADENTON, INC.

Principal Place of Business	Mailing Address
4411 CLEVELAND AVE FT. MYERS FL 33901 US	4411 CLEVELAND AVE FT. MYERS FL 33901-9011 US

3. Date Incorporated or Qualified: 07/10/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J.
1520 ROYAL PALM SQUARE BLVD.
SUITE 260
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAWNER, TERRY K.		2.2 NAME	
STREET ADDRESS	77 S. BIRCH RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33916		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KLINGENSMITH, KIT A.		4.2 NAME	
STREET ADDRESS	1838 WHITECAP CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NO. FT. MYERS FL 33903		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 4/15/97 (941) 275-6339