

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64625** (2)

1. Corporation Name

EDDIE'S PLANTATION RESTAURANT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 568
NOCATEE FL 33864

P.O. BOX 568
NOCATEE FL 33864



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NOLAN JOANNA
8301 CASA DEL RIO
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name **NOLAN, JOANNA**

82 Street Address (P.O. Box Number is Not Acceptable)
12946 SW DAVID DR

83

84 City **ARCADIA,**

FL

85

Zip Code
34266

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

Joanna Nolan

JOANNA NOLAN

6-6-96

Signature of officer or director of registered agent and one if applicable

(If Officer: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSP
NOLAN, JOANNA
8301 CASA DEL RIO
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PATTON, CYNTHIA
8301 CASA DEL RIO
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**12946 SW DAVID DR
ARCADIA, FL 34266**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☒ Change ☐ Addition
**12946 SW DAVID DR
ARCADIA, FL 34266**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanna Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNA NOLAN

6-6-96

(941)494-1782

DATE

PHONE #

CR2E034 (3/96)