

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L48628 (6)

1. Corporation Name
SURESHOT RESTAURANT CORP.

**100001478381
-05/08/95--01028--001
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**JIM BOB'S PUB
1431 SE 16 PL
CAPE CORAL FL 33990
US** **1431 SE. 16TH PL
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified **02/08/1990** 3a. Date of Last Report **08/31/1994**
4. FEI Number **65-0170848** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**SHEPARD STEVE
1431 SE 16 PL
CAPE CORAL FL 33990**

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **SHEPARD, STEVE**
STREET ADDRESS **P.O. BOX 151086 N/A**
CITY ST ZIP **CAPE CORAL FL 33915**
TITLE **S**
NAME **SHEPARD, KIM**
STREET ADDRESS **P.O. BOX 151086 N/A**
CITY ST ZIP **CAPE CORAL FL 33915**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I hereby certify that the information supplied with this form 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 included 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, unchanged, or in Block 14 with an address.

SIGNATURE: **4/15/95** **813.574-8200**
SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone