

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L48628** (6)

1. Corporation Name
SURESHOT RESTAURANT CORP.



Principal Place of Business: **JIM BOB'S PUB**
1431 SE 16 PL
CAPE CORAL FL 33990
US

Mailing Address: **1431 SE. 16TH PL.**
CAPE CORAL FL 33990

3. Date Incorporated or Qualified: **02/08/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0170848**

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; 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 (81-85) fields: Name, Street Address, City, State (FL), 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 officer 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 607.0105, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE
NAME: **SHEPARD, STEVE**
STREET ADDRESS: **P.O. BOX 151086 N/A**
CITY-ST-ZIP: **CAPE CORAL FL 33915**

TITLE: **S** DELETE
NAME: **SHEPARD, KIM**
STREET ADDRESS: **P.O. BOX 151086 N/A**
CITY-ST-ZIP: **CAPE CORAL FL 33915**

(Empty rows for other officers/directors)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-4: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

5-8: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

9-12: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

13-16: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

17-20: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

21-24: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

25-28: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

29-32: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

33-36: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

37-40: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

41-44: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

45-48: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

49-52: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

53-56: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

57-60: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

61-64: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

65-68: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

69-72: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

73-76: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

77-80: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

81-84: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

85-88: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

89-92: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

93-96: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

97-100: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

101-104: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

105-108: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

109-112: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

113-116: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

117-120: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

121-124: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

125-128: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

129-132: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

133-136: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

137-140: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

141-144: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

145-148: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

149-152: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

153-156: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

157-160: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

161-164: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

165-168: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

169-172: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

173-176: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

177-180: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

181-184: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

185-188: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

189-192: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

193-196: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

197-200: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP (Change/Addition checkboxes)

14. I do hereby certify that the information supplied in 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 supplement 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: **X** _____ (Signature of Signing Officer or Director)

DATE: **X4-14-96** (Date)

DAYTIME PHONE: **941 574-8100** (Daytime Phone #)

CR2E034 (12/95)