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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L64213** (6)
1. Corporation Name
RENE'S SOUP N SANDWICH, INC.

Principal Place of Business
**C/O RENE TURGEON
12731 MCGREGOR BLVD.
FT. MYERS FL 33919-4412**

Mailing Address
**C/O RENE TURGEON
12731 MCGREGOR BLVD.
FT. MYERS FL 33919-4412**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1990		3a. Date of Last Report 07/03/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0197133		Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**TURGEON, RENE
12731 MCGREGOR BLVD.
FT. MYERS FL**

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

Rene Turgeon

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURGEON, RENE	1.2 NAME	
STREET ADDRESS	12731 MCGREGOR BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TURGEON, BARBARA	2.2 NAME	
STREET ADDRESS	12731 MCGREGOR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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:

Barbara Turgeon

Date

Daytime Phone #

4-36-97 9414894424

CR2E034 (9/96)