

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L87232** (9)

1. Corporation Name

HOOTERS OF KENDALL, INC.



Principal Place of Business

Mailing Address

~~180 END AVE STE 300~~
MIAMI FL 33183
US

4411 CLEVELAND AVE
FT MYERS FL 33901
US

3. Date Incorporated or Qualified
07/16/1990

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **8505 MILLS DR**

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIAMI, FL**

28 City & State

24 Zip **33183** 25 Country **USA**

29 Zip 30 Country

4. FEI Number

65-0213206

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CEO**
NAME **LAGESCHULTE, DAVID L.**
STREET ADDRESS **2644 SHRIVER DR.**
CITY-ST-ZIP **FT. MYERS FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD**
NAME **LYNCH, PAUL W.**
STREET ADDRESS **5745 SANDPIPER PL**
CITY-ST-ZIP **FT. MYERS FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DP**
NAME **BRAWNER, TERRY K.**
STREET ADDRESS ~~1410 TWISTLE DOWNE LANE~~
CITY-ST-ZIP **FT. MYERS FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **KLINGENSMITH, KIT A.**
STREET ADDRESS ~~6700 PLANTATION MANOR LN~~
CITY-ST-ZIP **FT. MYERS FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
NAME **REGNIER, DALE R.**
STREET ADDRESS **981 WITTMAN**
CITY-ST-ZIP **FT. MYERS FL**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul W. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

941-275-6339
Daytime Phone #

CR2E034 (12/95)