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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:08

DOCUMENT # L87236 (0)

1. Corporation Name
HOOTERS OF COCONUT GROVE, INC.

Principal Place of Business	Mailing Address
~~100 2ND AVENUE SOUTH~~ ~~SUITE 400N~~ ~~ST. PETERSBURG FL 33701~~	4411 CLEVELAND AVE. FT. MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1990	3a. Date of Last Report: 07/01/1994
4. FEI Number: 65-0213218	☐ 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	26
Suite, Apt. #, etc.: 22 3015 GRAND AVE	Suite, Apt. #, etc.: 27
City & State: 23 COCONUT GROVE, FL	City & State: 28
Zip: 24 33133 Country: 25 USA	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	1.1 TITLE	CEO / D	☐ Change ☐ Addition
NAME	LAGESCHULTE, DAVID L.	1.2 NAME		
STREET ADDRESS	2644 SHRIVER DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	~~DT~~	2.1 TITLE	S/T/D	☐ Change ☐ Addition
NAME	LYNCH, PAUL W.	2.2 NAME		
STREET ADDRESS	5745 SANDPIPER PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	~~D9~~	3.1 TITLE	P/D	☐ Change ☐ Addition
NAME	BRAWNER, TERRY K.	3.2 NAME		
STREET ADDRESS	~~1490 LARKSPUR DR.~~	3.3 STREET ADDRESS	1410 THISTLE DOWN LANE	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KLINGENSMITH, KIT A.	4.2 NAME		
STREET ADDRESS	6723 PLANTATION MANOR LP	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REGNIER, DALE R.	5.2 NAME		
STREET ADDRESS	981 WITTMAN	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE		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 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 Sec/Treas 1/25/95 813-275-6339
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
PAUL W. LYNCH, SEC/TREAS

0310877 CP