

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 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 # **L95643**

(7)

1. Corporation Name  
**TOMMY DEE'S, INC.**



Principal Place of Business

**% KARL EHMER'S RESTAURANT  
115 TAMiami TRAIL UNIT 1110  
PUNTA GORDA FL 33950**

Mailing Address

**% KARL EHMER'S RESTAURANT  
115 TAMiami TRAIL UNIT 1110  
PUNTA GORDA FL 33950-3600**

3. Date Incorporated or Qualified

**08/23/1990**

3a. Date of Last Report

**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**65-0216606**

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

**DI MAURO, CAROL  
2151 BAYOU RD.  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name **DI MAURO, LOUIS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2151 BAYOU RD**  
83  
84 City **PUNTA GORDA FL** **FL** 85 Zip Code **33950**

11. Pursuant to the provisions of Sections 607.0302 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

*Louis Di Mauro*  
Signature, typed or printed name of registered agent and title if applicable.

**LOUIS DI MAURO VP/S/T**  
(NOTE: Registered Agent signature required when reinstating)

**3/26/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DI MAURO, THOMAS</b>	
STREET ADDRESS	<b>137 MINAS COURT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DI MAURO, CAROL</b>	
STREET ADDRESS	<b>2151 BAYOU RD.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V/S/T</b>
2.3 STREET ADDRESS	<b>LOUIS DI MAURO</b>
2.4 CITY-ST-ZIP	<b>2151 BAYOU RD PUNTA GORDA, FL 33950</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 amendment with an address.

SIGNATURE:

*Louis Di Mauro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOUIS DI MAURO 3/26/97**

Date

Daytime Phone #

CR2E034 (9/96)