

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M86355** (8)

1. Corporation Name

HOOTERS OF PALM HARBOR, INC.



Principal Place of Business

**2471 MCMULLEN BOOTH RD.
313
CLEARWATER FL 34619
US**

Mailing Address

**2471 MCMULLEN BOOTH RD.
313
CLEARWATER FL 34619
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1988

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2895387

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

**KIEFER, NEIL G.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33601**

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 the applicable

(NOTE: Registered Agent Signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **KIEFER, NEIL G.**
CITY-ST-ZIP **10451 LONGWOOD DRIVE**
LARGO FL

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **DIGIANNANTONIO, GILBERT**
CITY-ST-ZIP **3717 WOODRIDGE PLACE**
PALM HARBOR FL

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **RANIERI, WILLIAM**
CITY-ST-ZIP **3369 PATTIE PLACE**
PALM HARBOR FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DROSTE, EDWARD C.**
CITY-ST-ZIP **136 MIDWAY ISLAND**
CLEARWATER FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, DENNIS D.**
CITY-ST-ZIP **2826 KAVALLER DR.**
PALM HARBOR FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

William Ranieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Ranieri, Sec/Treas 2/5/96 (813) 725-2551

Date

Daytime Phone #

CR2E034 (12/95)