

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000006009 (3)

1. Corporation Name

HEBERT'S ON THE BAYOU, INC.

Principal Place of Business

**9965-35 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

Mailing Address

**9965-35 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quotation

01/26/1993

3a. Date of Last Report

08/17/1994

4. FEI Number

59-3161664

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

21

Suite, Apt. # etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HEBERT, THOMAS
9965-35 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

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 607.054(1) 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 607.054(1), Florida Statutes.

SIGNATURE

Signature of Agent (Typed name, print name, and title, if applicable)

Signature of Registered Agent or Registered Agent Representative

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, ST, ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY, ST, ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY, ST, ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY, ST, ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

13.2

STREET ADDRESS

13.3

CITY, ST, ZIP

13.4

NAME

13.5

STREET ADDRESS

13.6

CITY, ST, ZIP

13.7

NAME

13.8

STREET ADDRESS

13.9

CITY, ST, ZIP

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, ST, ZIP

13.13

NAME

13.14

STREET ADDRESS

13.15

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 registered agent or authorized representative empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. HEBERT

4/30/95

260-4541