

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90144 032 ***150.00

DOCUMENT # **P93000044928**

1. Corporation Name

MBC RESTAURANTS, INC.

Principal Place of Business

4451 PALMETTO AVE
FT MYERS FL 33916
US

Mailing Address

PO BOX 60074
FT MYERS FL 33906-0074
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1993

4. FEI Number

65-0425141

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P. O. Box 61593

Suite, Apt. #, etc.

27 City & State

28 Ft. Myers, FL

29 Zip Country

30 Lee

9. Name and Address of Current Registered Agent

MARESCA, MICHAEL
12461 GATEWAY GREENS DR
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name
Karen McKittrick

82 Street Address (P.O. Box Number is Not Acceptable)
13820 Sleepy Hollow Lane

83

84 City Ft. Myers, FL 85 Zip Code 33905

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

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

(NOTE: Registered Agent signature required when reinstating)

3-13-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME MARESCA, MICHAEL
STREET ADDRESS 12461 GATEWAY GREENS DR
CITY-ST-ZIP FT MYERS FL

TITLE D ☒ DELETE
NAME BEARD, JAMES A
STREET ADDRESS 13891 - 75TH AVENUE NO
CITY-ST-ZIP SEMINOLE FL 34646

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D ☐ Change ☒ Addition
1.2 NAME Karen McKittrick
1.3 STREET ADDRESS 13820 Sleepy Hollow Lane
1.4 CITY-ST-ZIP Ft. Myers, FL 33905

2.1 TITLE D, S, T ☐ Change ☒ Addition
2.2 NAME Herbert McKittrick
2.3 STREET ADDRESS 13820 Sleepy Hollow Lane
2.4 CITY-ST-ZIP Ft. Myers, FL 33905

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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Michael Maresca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99
Date

Daytime Phone #

CR2E034 (11/98)