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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007583 (5)

R. J. MACKIE'S RESTAURANT, INC.

FILED May 07 1997 8:00am Secretary of State

Principal Piac		Mailing Address							
NAPLES FL 339		NAPLES FL 34102-5862							
						3. Date Incorporated or Qualified 01/31/1994		te of Last F 7/1996	Report
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	1 -01-		pplied For
21		26				65-0466249		N	lot Applicable
Suite, Apt	#, etc. # 1/2	Suite, Apt. #, etc.	#116	2		6. Certificate of Status Desired		+	Additional lequired
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
710 24 <i>3410</i>	Country 25	Zip 29	30 Cot	untry	,	8. This corporation has liability for in Florida Statutes	ntangible] Yes [s. 199.032,
	g, Name and Address of Curre	nt Registered Agent		I,		10. Name and Address of New Re	gistered /	Agent	
MAC	KIE, ROBERT J			81	Name				
4909 CATALINA DR M-47 NAPLES FL 33962				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the a	bove	e-named corp	oration submits this statement for the p	urpose of	changing	its registered
office or I agent 1 a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was lations of, Section 607.0505, F	authorize Iorida Sta	ed by	the corporation.	on's board of directors. I hereby accep	the app	pintment as	s registered
SIGNATURE							···		
40	Signature typed or printed name of registered ag	ent and title if applicable (NO ID DIRECTORS	TE: Registere	<u>-</u> -	ant signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	DC IN 10
12. 101.f	D OFFICERS AIN	DELETE	1.1 T			ADDITIONS/CHANGES TO OFFIC	ENS ANL	Change	Addition
NAME	MACKIE, ROBERT J			NAME				onango	the state of the s
STREET ADDRESS	4909 CATALINA DR M-47				ADDRESS				
City-S1-2iP	NAPLES FL 33962		1	ITY-S	1				
Title	D	DELETE	2.1 Ti					☐ Change	Addition
NAMÉ	WRAY, ALETHA		2.2 N	ILLER	1				
STREET ADDRESS	4909 CATALINA DR M-47			NAME:		•			
			2.3 S		ADDRESS	***			
City - ST - 7IP	NAPLES FL 33962			STREET	ADDRESS ST-ZIP	**	.**:		
City · ST · 7IP	NAPLES FL 33962	DELETE		STREET CITY-S				Change	Addition
	NAPLES FL 33962	☐ DELETE	2.40	STREET CITY-S TITLE		*:		☐ Change	☐ Addition
THILF	NAPLES FL 33962	☐ DELETE	2. 4 0 3.1 Ti 3.2 N	STREET CITY-S TITLE VAME		· · · ·		Change	Addition
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1. 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 supplies ental ampal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the disciver or furstee 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 a trachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

OR DIRECTOR

141-649-5657

Daylime Phone #