

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

45 MAY - 1 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062790 (8)

1. Corporation Name

OLDE FLORIDA CAFE, INC.

Principal Place of Business

140 ROBERT RODGERS
595 GORDONIA ROAD
NAPLES FL 33963

Mailing Address

140 ROBERT RODGERS
595 GORDONIA ROAD
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

4. FEI Number

65-0109102

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 10095 N. TAMIAHI TRAIL

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 (455 Route 41)

Suite, Apt. #, etc.

27 City & State

City & State

23 NAPLES FL

City & State

28 Zip

Zip

24 33963

Country

Zip

29 Country

Country

30

9. Name and Address of Current Registered Agent

RODGERS, ROBERT
10095 N TAMIAHI TRAIL
(US ROUTE 41)
NAPLES FL 33963

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RODGERS, ROBERT W
STREET ADDRESS 595 GORDONIA ROAD
CITY - ST - ZIP NAPLES FL 33963

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 110.07(3)(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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. RODGERS, DCA

Date

Signature Number