

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 2:47

DOCUMENT # P94000078062 (4)

1. Corporation Name

HOOTERS OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

**4411 CLEVELAND AVENUE
FORT MYERS FL 33901**

**4411 CLEVELAND AVENUE
FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/19/1994

4. FEI Number

65-0532401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21 3120 DEL PRADO BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CAPE CORAL FL

28

Zip

Country

Zip

Country

24 33904

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARGANO, ANTHONY J
1520 ROYAL PALM SQUARE BLVD.
SUITE 260
FORT MYERS FL 33919**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

LAGESCHULTE, DAVID L

STREET ADDRESS

4411 CLEVELAND AVENUE

CITY-ST-ZIP

FORT MYERS FL 33901

TITLE

D

NAME

LYNCH, PAUL

STREET ADDRESS

4411 CLEVELAND AVENUE

CITY-ST-ZIP

FORT MYERS FL 33901

TITLE

D

NAME

BRAWNER, TERRY

STREET ADDRESS

4411 CLEVELAND AVENUE

CITY-ST-ZIP

FORT MYERS FL 33901

TITLE

D

NAME

KLINGENSMITH, KIT

STREET ADDRESS

4411 CLEVELAND AVENUE

CITY-ST-ZIP

FORT MYERS FL 33901

TITLE

D

NAME

REGNIER, DALE

STREET ADDRESS

4411 CLEVELAND AVENUE

CITY-ST-ZIP

FORT MYERS FL 33901

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Sections 193.07(3)(b), Florida Statutes. Further, I 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul W. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W. Lynch

2/10/95

113-275-6331