

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000024208 (7)**

1. Corporation Name

GARCIA'S RESTAURANT & BAR ENTERPRISES, INC.



Principal Place of Business

**3604 PALM BEACH BLVD.
FORT MYERS FL 33916**

Mailing Address

**3604 PALM BEACH BLVD.
FORT MYERS FL 33916**

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, THOMAS M
12800 UNIVERSITY DRIVE
SUITE 600
FORT MYERS FL 33907**

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, 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 the obligations of a registered agent under Sections 607.0505, Florida Statutes.

SIGNATURE

(Print, typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HERNANDEZ, ANTONIO**
STREET ADDRESS **3604 PALM BEACH BLVD.**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

11 TITLE **D/P** ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME **S/T/D**
23 STREET ADDRESS **HERNANDEZ, MARIA**
24 CITY-ST-ZIP **3604 PALM BEACH BLVD**
FORT MYERS FL 33916

31 TITLE ☐ Change ☒ Addition

32 NAME **D**
33 STREET ADDRESS **HERNANDEZ, JESUS**
34 CITY-ST-ZIP **3604 PALM BEACH BLVD.**
FORT MYERS FL 33916

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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.

SIGNATURE: **Antonio Hernandez** PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTONIO HERNANDEZ

4/23/96 (941)694-4888

CR2E034 (12/95)