

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000032474 (5)

1. Corporation Name

RALPH'S PLACE OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

5129 SUNNYBROOK CT.  
CAPE CORAL FL 33904

5129 SUNNYBROOK CT.  
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

65-0574558

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 RALPH'S PLACE

Suite, Apt. #, etc.

22 1305 CAPE CORAL PKWY

City & State

23 CAPE CORAL FL.

Zip

24 33904

Country

25 USA

2a. Mailing Address

26 1305 CAPE CORAL PKWY

Suite, Apt. #, etc.

27 CAPE CORAL FL.

City & State

28 CAPE CORAL FL.

Zip

29 33904

Country

30 USA

9. Name and Address of Current Registered Agent

KROUSE, BARBARA J  
5129 SUNNYBROOK CT.  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

Craig Podleski

82 Street Address (P.O. Box Number is Not Acceptable)

4925 YORK ST.

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 obligation 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)

2-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D  
KROUSE, BRUCE E  
STREET ADDRESS 5129 SUNNYBROOK CT.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ DELETE

NAME D  
KROUSE, BARBARA J  
STREET ADDRESS 5129 SUNNYBROOK CT.  
CITY-ST-ZIP CAPE CORAL FL 33904

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 ☐ Change ☒ Addition

1.2 NAME president  
1.3 STREET ADDRESS Craig Podleski  
1.4 CITY-ST-ZIP 4925 YORK ST.  
CAPE CORAL FL. 33904

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 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.

SIGNATURE:

2-16-98 (94) 542-2047

CR2E034 (10/97)