## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

HARTSELL, STEVEN C 1833 HENDRY ST

FT MYERS FL 33901



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050737 (2)

BAYSIDE RESTAURANT GROUP, INC.

Principal Place of Business  Mailing Address  12454 MCGREGOR WOODS CIR  FT MYERS FL 33908  1706				DO NOT WRITE IN THIS SPACE	
FT. MYERS, FL 33908			06/28/1995 06/07/1996		
2.	Principal Place of Business	2a. Mailing Addr		4. FEI Number	Applied For
21		26		65-0590584	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
24	Zip Country 25	Zip <b>29</b>	Country 30	This corporation owes or has pail     Personal Property Tax due June	_ ′ _ ~
	9. Name and Address of Curr	10. Name and Address of New Reg	gistered Agent		

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.

81

**B2** 

83

Name

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

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPST DELETE TITLE 1.1 TITLE Change Addition NAME NICODEMI, VIRGINIA K 1.2 NAME 17060 TIDEWATOR LANK 12454 MCGREGOR WOODS CIR-STREET ADDRESS 1.3 STREET ADDRESS FT-MYERS FL 33908 3908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DCEO DELETE TITLE 2.1 TITLE Addition NICODEMI, ALEXANDER J NAME 2.2 NAME 12454 MOGREGOR WOODS CIR STREET ADDRESS 2.3 STREET ADDRESS FT-MYERS Ft 33908 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NICODEMI, ALEXANDER J NAME 3.2 NAME 12454-MOGREGOR WOODS-CIR STREET ADDRESS 3.3 STREET ADDRESS " FT-MYERS FL 33908 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiding Statutes. Figure 10 only with this filing does not qualify for the exemption 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 of 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 14. 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

481-0.72

**FILED** 

Sep 11 1997 8:00am

Secretary of State

Zip Code