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FILED  
Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000044611  
1. Corporation Name

LIZARD CAFE OF NAPLES, INC.

Principal Place of Business

Mailing Address

1780 COMMERCIAL DR  
NAPLES FLORIDA 34112

2260 45TH ST SW  
NAPLES FLORIDA 34116

2. Principal Place of Business

21 1780 COMMERCIAL DRIVE

Suite, Apt. #, etc.

22

City & State

23 NAPLES FLORIDA

Zip

24 34112

Country

25 USA

2a. Mailing Address

26 2260 45TH ST SW

Suite, Apt. #, etc.

27

City & State

28 NAPLES FLORIDA

Zip

29 34116

Country

30 USA

3. Date Incorporated or Qualified

5-24-96

3a. Date of Last Report

N/A

4. FEI Number

65-0733674

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD S LWEBSTER  
985 N. COLLIER BLVD  
MARCO ISLAND, FLORIDA 33937

81 Name

82 THERESA A GILLESPIE

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

2260 45TH ST SW

84

City

NAPLES

FL

85 Zip Code

34116

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 Theresa A Gillespie

Signature typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reissuing)

5/02/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D, P, T, S ☐ DELETE

NAME THERESA A GILLESPIE

STREET ADDRESS 2260 45TH ST SW

CITY - ST - ZIP NAPLES, FLORIDA 34116

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

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CITY - ST - ZIP ☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

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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 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: Theresa A Gillespie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/02/97

Daytime Phone #

CS

6/17/97

CR2E034 (9/96)