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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077383 (2)

THE CHESHIRE CAT RESTAURANT INC.

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State



27080 OLD 41 ROAD BONITA SPRINGS FL 34135		27080 OLD 41 ROAD BONITA SPRINGS FL 34135		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Pla	ace of Business	2a. Mailing Address		09/05/1997  4. FEL Number ( ) ( ) ( ) Applied For
21 1010	CENTRAL AVE	26 1010 CENTRA	L Ave.	
Sulte, Apr. #, etc. 22 / 0 THOMPSON - Manage mart 6/0 THOMPSON Mamt.				5. Certificate of Status Desired
City & State	Mar G	City & State	. ) /-	<ul> <li>6. Election Campaign Financing</li> <li>\$5.00 May Be</li> <li>Trust Fund Contribution</li> <li>Added to Fees</li> </ul>
23 // A / Zip	Country	Zio VAPIES I	Country	Trust Fund Contribution
24 341		29 34/02 30	7 /	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
THOMPSON, RICHARD G				
				treet Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34110				% Thompson Management
			/	18 Mompoor Naviagement
			84 City	** Naples FL   *5   3 4 7 8 2
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, typod or printed name of registing			gnature required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PNP/S	AND DIRECTORS  DELETE	13. 11 THILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1	Richard G. Thom.	<del></del>	12 NAME	
STREET ADDRESS	1010 Central	Evenue.	1.3 STREET ADDRES	DRESS
CITY-ST-ZIP	Naples FL 3	34102	1.4 CITY-ST-ZIP	
TITLE	1	DELETE	2.1 TITLE	Change Addition
NAME	Kim e. Guilli		2.2 NAME	
STREET ADDRESS	1010 Central 1		23 STREET ADDRE	
CITY-ST-ZIP	Naples 70	34102	2 4 CITY - ST - ZIP	ZIP Change Addition
TITLE		¹∐ DELETE	3.1 TITLE	Citarge Ly Addition
NAME OTOTET ADDDESS			3.2 NAME  3.3 STREET ADDRE	1
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	DRESS
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS		·	5.3 STREET ADDRE	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	IP Change Addition
TITLE			6.2 NAME	
NAME OTREET ADDRESS			6.3 STREET ADDRE	22390
STREET ADDRESS CITY-ST-ZIP	.*		6.4 CITY-ST-ZIP	
44 Charabu o	ertify that the information supplie	od with this filing does not qualify for	the exemption s	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 of 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 change of 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 change of the receiver of 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 change of the receiver of the rec				