

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

**FILED**

**Jul 09 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000094874 (9)**  
1. Corporation Name  
**JIMMY'S ROADHOUSE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **527 105TH AVENUE NORTH NAPLES FL 34108**  
Mailing Address: **527 105TH AVENUE NORTH NAPLES FL 34108**

3. Date Incorporated or Qualified: **11/03/1997**

4. FEI Number: **59-3485928**

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 (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **NOVARRO, JAMES A JR 527 105TH AVENUE NORTH NAPLES FL 34108**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

**PRESIDENT**  
TITLE: **JAMES A. NOVARRO, JR**  DELETE  
NAME: **527 105TH AVE NORTH**  
STREET ADDRESS: **NAPLES, FL 34108**  
CITY-ST-ZIP: **NAPLES, FL 34108**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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: **400002587404**  
6.3 STREET ADDRESS: **-07/14/98--01005--008**  
6.4 CITY-ST-ZIP: **\*\*\*150.00**

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 statement of 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, and that I am a trustee, employee, or agent of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CP2E034 (10/97)

*[Handwritten signatures and initials]*