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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000017418

1. Corporation Name

RIB CITY - 41, INC.

## **FILED** Jun 09, 1999 8:00 am Secretary of State 06-09-1999 90002 019 \*\*\*550.00



	e of Business	Mailing Address					
2122 SECOND S		2122 SECOND STREET					
FT. MYERS FL 33901		FT. MYERS FL 33901			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/23/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ι (Α	oplied For
<u></u>		26			65-0817137	1	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired		Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	•	I to Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes _	×Νο
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	red Agent	
			8	1 Name			
GREEN, BRUCE D			8	82 Street Address (P.O. Box Number is Not Acceptable)			
12800 UNIVERSITY PARK, STE. 6		0	"	2 Ollect Adi	ureds (1 .O. Box Hambor to Not Accopiasio)		
FT. N	MYERS FL 33907		8	3			
			<u> </u>	4 00		05 75	Codo
			8	4 City	}	=L  85   Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOT	TE: Registered Ag	gent signature requi	red when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	Paul D Pedon 2122 Second & T		1.2 NAME	: I			
STREET ADDRESS				I .			
	2122 Second 4 /		1.3 STRE	ET ADDRESS			
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)	STO CLAIR PRESEN	S Ø (	1.4 CITY-	-ST-ZIP		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT My ow F(33 STO CLAIR D PEDEN 2132 Second ST FT My ow F13. V PETON M COOK 7771 CAMELON CILL	DELETE DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ST-ZIP  EET ADDRESS -ST-ZIP			
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I nereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

941-334-1134