

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90002 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000086419

1. Corporation Name

SOUTHWEST FLORIDA RESTAURANTS, INCORPORATED

Principal Place of Business

5226-3 CEDAR BEND DRIVE
FORT MYERS FL 33901

Mailing Address

P.O. BOX 61163
FORT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

65-0870236

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

Zip

24 33919

Country

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

ENGLISH, TRACE
5226-3 CEDAR BEND DRIVE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Trace English
5226-3 Cedar Bend Dr
Fl. Myers FL 33919

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition
 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition
 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition
 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition
 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition
 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition
 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☐ Addition
 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition
 9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☐ Addition
 10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☐ Addition
 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

☐ Change ☐ Addition
 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

☐ Change ☐ Addition
 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

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 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

941 565 5978

Daytime Phone #

CR2E034 (1/98)