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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S29213** **(3)**

1. Corporation Name
HOOTERS OF WELLS STREET, INC.

Principal Place of Business	Mailing Address
2471 MCMULLEN BOOTH RD STE 316 CLEARWATER FL 34619	2471 MCMULLEN BOOTH RD STE 316 CLEARWATER FL 34619-1351

3. Date Incorporated or Qualified: 02/04/1991
3a. Date of Last Report: 03/06/1996

4. FEI Number: 59-3060381 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 26133 U.S. Hwy. 19 N.	26 26133 U.S. Hwy. 19 N.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip / Country 24 34623-2019 25 USA	Zip / Country 29 34623-2019 30 USA

9. Name and Address of Current Registered Agent

KIEFER, NEIL G.
RIDEN EARLE & KIEFNER P.A.
100 2ND AVE. S., SUITE 400N
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Neil G. Kiefer
82 Street Address (P.O. Box Number is Not Acceptable): 26133 U.S. Hwy. 19 N.
83 Suite 100
84 City: Clearwater FL 85 Zip Code: 34623-2019

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: _____ Neil G. Kiefer 1/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIEFER, NEIL G.		1.2 NAME		
STREET ADDRESS	10451 LONGWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIGIANNANTONIO, GILBERT		2.2 NAME		
STREET ADDRESS	3717 WOODRIDGE PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RANIERI, WILLIAM		3.2 NAME		
STREET ADDRESS	4794 PEBBLEBROOK, DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDAMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DROSTE, EDWARD C.		4.2 NAME		
STREET ADDRESS	1700 MCMULLEN BOOTH RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, DENNIS		5.2 NAME	Dennis Johnson	
STREET ADDRESS	2826 KAVALIER DRIVE		5.3 STREET ADDRESS	32 Oak Avenue	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: William Ranieri William Ranieri, Secretary 1/15/97 (813) 725-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #