

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S60051** (7)

1. Corporation Name

LOBSTER LOUIE'S INC.



Principal Place of Business

**6725 MAHAN DR
TALLAHASSEE FL 32308-1413**

Mailing Address

**6725 MAHAN DR
TALLAHASSEE FL 32308-1413**

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARNER, JIM
6725 MAHAN DR
TALLAHASSEE FL**

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 or director

Printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ DELETE
NAME	WOMACK, CHARLES	
STREET ADDRESS	ROUTE 1 BOX 2390	
CITY-STATE-ZIP	CHULA GA	
TITLE	S	☒ DELETE
NAME	WOMACK, JOSEPHINE	
STREET ADDRESS	ROUTE 1 BOX 2390	
CITY-STATE-ZIP	CHULA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	P	☒ Change ☐ Addition
2. NAME	GARNER, JIM	
3. STREET ADDRESS	2008 CHATSWORTH WAY	
4. CITY-STATE-ZIP	TALLAHASSEE, FL. 32308	
5. TITLE	S	☒ Change ☐ Addition
6. NAME	GARNER, SHERRY	
7. STREET ADDRESS	2008 CHATSWORTH WAY	
8. CITY-STATE-ZIP	TALLAHASSEE, FL. 32308	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in Block 14 if added with an address.

SIGNATURE:

Jim Garner

JIM GARNER

5-1-96 (904) 877-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)