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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S61528

(3)

CLOYDE'S STEAK & LOBSTER CORPORATION

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4050 GULF SHORE BLVD. 4050 GULF SHORE BLVD. NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/199<u>1</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0270186 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATE, ERIC C 4050 GULF SHORE BLVD., NORTH Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 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 regulred when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITI F **PSTD** DELETE 1.1 TITLE Change Addition NAME PATE, ERIC 1.2 NAME 4050 GULFSHORE BLVD. N. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CiTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE D 2.1 TITLE Change Addition NAME PATE, TRACY L 2.2 NAME 4050 GULF SHORE BLVD. N. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition: JEANGUENAT, JEANNE NAME 3.2 NAME 4050 GULF SHORE BLVD. N. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Срадое Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS GITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

≶REQUIRED

SIGNATURE:

1-23-98