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PROFIT CORPORATION ANNUAL REPORT

1996



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

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V70019

(7)

1. Corporation Name FRENCH QUARTER AT BOCA GRANDE, FLORIDA, INC. Principal Place of Business PO BOX 551 BOCA GRANDE FL 33921 US Mailing Address PO BOX 551 BOCA GRANDE FL 33921 US								
					 Date incorporated or 0 10/09/1992 	Qualified 3a	Date of Las. 05/01/	Report 1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0366588			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status De		\$8.7	Not Applicable 5 Additional
2]		27						Required
City & State)	City & State			Election Campaign Final Trust Fund Contribution	· -		00 May Be
Zip	Country	Zip	Country	у	This corporation has lia			ed to Fees 199 032
<u> </u>	25	29	30		Florida Statutes	Yes 🔲	_	
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of	of New Regist	tered Agent	
THOM	Son, Robert B.		81	Name				
	EBRO RD.		82	Street Addr	ress (P.O. Box Number is Not A	Acceptable)		
	WOOD FL 34224		83					
			84	City			FL 85 Z	ip Code
 Pursuant t or register 	o the provisions of Sections 607.050; ed agent, or both, in the State of Floring	2 and 607.1508, Florida Sta	atutes, the above-	named corpor	ration submits this statement fo	r the purpose	of changing its	registered office
TOTALIST THE	th, and accept the obligations of, Sec	ida. Such change was auth- tion 607.0505, Florida Statu	orized by the corp utes.	coration's boar	rd of directors. I hereby accept	the appointme	erit as registere	d agent. I am
IGNATURE _	Signature, typed or printed name of registered agon	it and title if applicable	orized by the corp utes. (NOTE Registered Again				DATE	d agent. I am
IGNATURE _	Signature, typed or printed name of registered agon	it and title if applicable ID DIRECTORS	(NOTE: Registered Age			· · · · · · · · · · · · · · · · · · ·	DATE S AND DIRECTO	ORS IN 12
IGNATURE _	Signature, typed or printed name of registered agon OFFICERS AN	it and title if applicable	(NOTE: Registered Age		d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
IGNATURE _ 2. TLE	Signature, typed or printed name of registered agon	it and title if applicable ID DIRECTORS	(NOTE Registered Ago 13. 1.1 TITLE 1.2 NAME	int signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE S AND DIRECTO	ORS IN 12
IGNATURE _ 2. TLE AME TREET ADDRESS	Signature, typed or printed name of registered agon OFFICERS AN P THOMSON, ROBERT B	it and title if applicable ID DIRECTORS	(NOTE Registered Ago 13. 1.1 TITLE 12 NAME 1.3 STREET	nt signature requirer	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE S AND DIRECTO	ORS IN 12
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SIGNATURE: JCOL D. JAOMSON
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-22-96 941-964-0656

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