

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

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -3 AM 9:48

DOCUMENT # G12939 (6)

1. Corporation Name  
B B Q ENTERPRISES, INC.

Principal Place of Business Mailing Address  
505 NE HWY 19 C/O BAILEY R. GOODE  
CRYSTAL RIVER FL 34429 2015 WATERSEDGE DRIVE  
US CRYSTAL RIVER FL 34428  
US

DO NOT WRITE IN THIS SPACE.

|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21  | 22      | 26                  | 27      | 12/13/1982  | 04/19/1994                     |
| Suite, Apt. #, etc.                             |         | Suite, Apt. #, etc. |         | 4. FEI Number   | Applied For                    |
| City & State                                    |         | City & State        |         | 59-2250910  | Not Applicable                 |
| 23  | 24      | 28                  | 29      | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| Zip   | Country | Zip                 | Country | <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | 6. Election Campaign Financing Trust Fund Contribution                                  |                                |
|   |         |                     |         | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent |         |                     |         | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |                                |
|   |         |                     |         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |                                |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent |  |
| GOODE, BAILEY R.<br>505 N.E. HIGHWAY 19<br>CRYSTAL RIVER FL 34429 |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and 144 # applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | ST                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOODE, JEAN M.      | 1.2 NAME  |   |
| STREET ADDRESS             | 2015 WATERSEDGE DR. | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CRYSTAL RIVER FL    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | P                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOODE, BAILEY R.    | 2.2 NAME  |   |
| STREET ADDRESS             | 2015 WATERSEDGE DR. | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CRYSTAL RIVER FL    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME  |   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 6.4 CITY - ST - 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 110.07(3)(b), 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: *Bailey R. Goode* 1-21-95 904-795-4441  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Last) (Daytime Phone #)  
*Bailey R. Goode*