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03-01-1999 90190 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H17846**

1. Corporation Name
BENNETT'S BAR-B-QUE, INC.

Principal Place of Business
 6551 S REVERE PKWY #285
 ENGLEWOOD CO 80111

Mailing Address
 6551 S REVERE PKWY #285
 ENGLEWOOD CO 80111



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1984

4. FEI Number
84-0959377

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
FISHER, MICHAEL W.
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOTWELL, G. BENNETT	
STREET ADDRESS	6248 S. ELMIRA CIRCLE	4250 E. Perry Pkwy
CITY-ST-ZIP	ENGLEWOOD CO	Greenwood Village, CO
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, MICHAEL P.	
STREET ADDRESS	630 BLACKSTONE BLDG.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHOTWELL, JUDITH G.	
STREET ADDRESS	6428 S. ELMIRA CIRCLE	omit
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, SID	omit
STREET ADDRESS	6076 S. JAMAICA WAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, C. FINLEY JR.	
STREET ADDRESS	4230 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP FINANCE	<input type="checkbox"/> DELETE
NAME	William McCormick	[Add]
STREET ADDRESS	11433 BROWNSTONE DR.	
CITY-ST-ZIP	Parker, CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chrissy Stromatt	
1.3 STREET ADDRESS	9498 Wilshire Drive	
1.4 CITY-ST-ZIP	Highlands Ranch, CO 80126	
2.1 TITLE	VP CATERING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Amy Coleman	
2.3 STREET ADDRESS	2730 OVERLOOK Dr	
2.4 CITY-ST-ZIP	Broomfield, CO 80021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, with all other like empowered.

SIGNATURE: William McCormick **WILLIAM Mc CORMICK** 2/3/99 303 792 3088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)