

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

049027

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90039 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000047806**

1. Corporation Name  
**BBQ INVERNESS, INC.**



Principal Place of Business 3550 S.E. 25TH AVE. OCALA FL 34471	Mailing Address 3550 S.E. 25TH AVE. OCALA FL 34471
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 6895 SW 18th Terr. Rd.	26 6895 SW 18th Terr. Rd.	05/27/1997	
22 Suite, Apt. #, etc.		4. FEI Number	
		59-3453205	
23 City & State		5. Certificate of Status Desired	
24 Ocala, FL		<input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Zip		6. Election Campaign Financing	
29 34476		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 City & State		8. This corporation owes the current year intangible Personal Property Tax.	
28 Ocala, FL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KIRKPATRICK, JOHN W IV 3550 S.E. 25TH AVE. OCALA FL 34471		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, JOHN W IV	1.2 NAME	
STREET ADDRESS	3550 S.E.-25TH AVE.	1.3 STREET ADDRESS	6895 SW 18th Terr. Rd.
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, JOHN W III	2.2 NAME	
STREET ADDRESS	2531 NW 41ST ST #D	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WESLEY	3.2 NAME	
STREET ADDRESS	P O BOX 133 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH FL 32664	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: John W. Kirkpatrick IV Date: 2/14/99 Daytime Phone #: (352) 861-2110

CR2E034 (11/98)