

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000059717

Entity Name: UNKNOWN BBQ INC**Current Principal Place of Business:**976 WHISPER COVE
WINTER HAVEN, FL 33880**Current Mailing Address:**976 WHISPER COVE
WINTER HAVEN, FL 33880**FEI Number:** 27-0282805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITCOMB, CLARK
976 WHISPER COVE
WINTER HAVEN, FL 33880 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WHITCOMB, JASON
Address	1030 SUMMER GLEN DR.
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	KREMER, LARRY
Address	6956 HAYTER DR.
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	KREMER, JARED
Address	514 BUCKMINSTER CIRCLE
City-State-Zip:	ORLANDO FL 33803

Title	D
Name	WHITCOMB, KRIS
Address	14525 POINTE EAST TRAIL
City-State-Zip:	CLERMONT FL 34711

Title	VP
Name	WHITCOMB, CLARK
Address	976 WHISPER COVE
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	FULMER, ART JR./ESQ
Address	6577 EAGLE VIEW LOOP
City-State-Zip:	LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARK WHITCOMB**03/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date