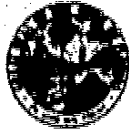


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546131

(4)

1. Corporation Name

K.J.'S PIT BAR-B-Q, INC.

Principal Place of Business

Mailing Address

**3437 N.W. BLITCHTON ROAD
RT 2A BOX 325
OCALA FL 34475
US**

**615 S.E. 19TH ST.
RT 2A BOX 325
OCALA FL 34471
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1745912

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **3437 N W Blichton rd.**

Suite, Apt. #, etc.

27 **Ocala, Fl.**

City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 119.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRIFFIN, KENNETH LEE
615 S.E. 19TH ST.
OCALA FL 34471**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS**
NAME **GRIFFIN, KENNETH LEE**
STREET ADDRESS **RT. 2 BOX 325**
CITY - ST - ZIP **MORRISTON FL**

TITLE **VT**
NAME **GRIFFIN, JOYCE LEE**
STREET ADDRESS **RT. 2 BOX 325**
CITY - ST - ZIP **MORRISTON FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PS** ☒ Change ☐ Addition
12 NAME **Griffin, Kenneth Lee**
13 STREET ADDRESS **615 SE 19 St. Ocala, Fl. 34471**
14 CITY - ST - ZIP

21 TITLE **VT** ☒ Change ☐ Addition
22 NAME **Griffin, Joyce lee**
23 STREET ADDRESS **615 SE 19 St. Ocala, Fl. 34471**
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Lee Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95
DATE