FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 681598 (9)

1. Corporation Name
COWBOY BAR-B-QUE, INC.

Principal Place of Business	Mailing Address
2803 WEST BUSCH BLVD 205 TAMPA FL 33618 US	205 SOUTH DALE MABRY TAMPA FL 33609 US

3. Date Incorporated or Qualified: 08/11/1980
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21 2803 W. Busch Blvd.	26 415 South Hyde Park Ave.
Suite, Apt. #, etc. 22 Suite ~~205~~ 106	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida 33618	City & State 28 Tampa, Florida 33606
Zip 24 33618 — Country 25 US	Zip 29 33606 — Country 30 US

4. FEI Number: 59-2015570 ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRANK PA, JOSEPH E
~~205 SOUTH DALE MABRY~~
~~TAMPA FL 33609~~
415 South Hyde Park Ave.
Tampa, Florida 33606

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 Joseph E Frank DATE 4/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☐ Change ☐ Addition
NAME	WIELAND, ROBERT K	1.2 NAME	Wieland, Robert K.
STREET ADDRESS	1893 TUODOMNE DRIVE	1.3 STREET ADDRESS	1893 Tuolumne Way
CITY-ST-ZIP	CARSON CITH NE	1.4 CITY-ST-ZIP	Reno, Nevada 89523
TITLE	D	2.1 TITLE	Director ☐ Change ☐ Addition
NAME	WIELAND, ROBERT K	2.2 NAME	Wieland, Robert K.
STREET ADDRESS	1893 TUDOMNE DR	2.3 STREET ADDRESS	1893 Tuolumne Way
CITY-ST-ZIP	CARSON CITY NE	2.4 CITY-ST-ZIP	Reno, Nevada 89523
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Wieland 9 APRIL 95 702-883-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT K. WIELAND

CR2E076 CP