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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92459

(9)

Mailing Address

BARB-E-Q COUNTRY OF FLORIDA, INC.

FILED							
Apr 28 1997 8:00am							
Secretary of State							



5440 ALLIGATOR LAKE RD ST CLOUD FL 34772		5440 ALLIGATOR LAKE RD ST CLOUD FL 34772-9343					
					Date Incorporated or Qualified 07/28/1982	3a. Date of Last 04/25/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For
Suite. Ant #. etc		26	Suite, Apt. #, etc.		AA =		Not Applicable
22		27	27		Certificate of Status Desired	Fee Required	
City & Sta	te		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country Zip Ci			Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \text{Yes} \text{No}			
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
YFA	ISEL, BARBARA			81 Name			
5440 ALLIGATOR LAKE RD				Ol Curt Miller (DO De North Lead North Nor			
ST CLOUD FL 34772					Iress (P.O. Box Number is Not Acceptabl	θ)	
				63			
				84 City	, , , , , , , , , , , , , , , , , , , 	FL 85 Z	p Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the at	ove-named cor	poration submits this statement for the pu	rnose of changing	its registered
office or agent. La	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida. Such change was bligations of, Section 607.0505, F	authorized Iorida Stat	d by the corpore utes.	ation's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	•						
	Signature typed or printed name of registered			Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS DELETE	13.	a.r. [ADDITIONS/CHANGES TO OFFICE	Chang	
THE	YEASEL, FRANK E	☐ perce	1.1] []	1		L. URANG	e [_] Xoonoon
NAME	5440 ALLIGATOR LAKE RD		1.2 NA				
STREET ADDRESS CITY: ST-ZIP	ST CLOUD, FL 00000			REET ADDRESS			
TITLE	SD SD	DELETE	2,1 Til	IY-ST-ZIP		☐ Chano	e Addition
NAME	HALL, THOMAS E		2.2 NA				
STREET ADDRESS	ALEC CANOC ODCEV DO			REET ADDRESS			
CITY-SI-ZIP	ST CLOUD, FL 00000			TY-ST-ZIP			
TITLE	☐ DELETE		3.1 Til			Chang	e Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY - \$1 - 7IP			3.4 C	TY-ST-ZIP			
TIILE	DELETE			LE		☐ Chang	e Addition
NAME			4.2 N	AME			
STREET ADDRESS	İ		4.3 ST	REET ADDRESS			
CITY - ST - 7IP		·		TY-ST-ZIP			
TITLE		☐ DELETE	5.1 Til	ſ		Chang	e Addition
NAME			5.2 NA	1			
STREET ADDRESS			ı.	REET ADDRESS			
CHY-ST-ZIP		T NO COTT		TY-ST-ZIP		Ob	o Talabia o
TITLE		☐ DELETE	6.1 T(1	ì		Chang	e 🔲 Addition
NAME			6.2 NA	i			
STREET ADDRESS				REET ADDRESS			
CITY+S1+2II ^s			6.4 CI	ry-St-ZIP			

I do 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.