

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90057 025 ***150.00

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1. Entity Name

JOHN Q. HAMMONS FOOD AND BEVERAGE HOLDING
COMPANY, INC.



Principal Place of Business

300 HAMMONS PKWY., #900
SPRINGFIELD, MO 65806

Mailing Address

300 HAMMONS PKWY., #900
SPRINGFIELD, MO 65806

50063207



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number

43-1686901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HAMMONS, JOHN Q
300 HAMMONS PKWY., #900
SPRINGFIELD, MO 65806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOWDY, JACQUELINE A
300 HAMMONS PKWY., #900
SPRINGFIELD, MO 65806

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

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN Q. HAMMONS 8-15-05 417-864-4300

Date

Daytime Phone #