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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # G24606 (7)

1. Corporation Name
BAR-B-QUE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
5581 COMMONWEALTH AVE. JACKSONVILLE FL 32254 US	5581 COMMONWEALTH AVE. JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1983
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 1935-1 South Lane Ave.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32210
25: Country: US

2a. Mailing Address
26: 1935-1 South Lane Ave.
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32210
30: Country: US

4. FEI Number: 59-2260952 ☐ 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

HIRES, TED M., SR.
5581 COMMONWEALTH AVE
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1935-1 South Lane Ave.
83:
84 City: Jacksonville FL 85 Zip Code: 32210

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 _____ DATE
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	P ☑ Change ☐ Addition
NAME	HIRES, TED M., SR.	1.2 NAME	Hires, Ted M. SR.
STREET ADDRESS	5581 COMMONWEALTH AVE	1.3 STREET ADDRESS	1935-1 South Lane Ave.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	TILLMAN, FLOYD E	2.2 NAME	
STREET ADDRESS	430 NE 1ST AVE, STE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	TURNER, JUDY R.	3.2 NAME	Turner, Judy R.
STREET ADDRESS	7748 SPANISH OAKS DR	3.3 STREET ADDRESS	9110 Heckscher Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32226
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)(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.

SIGNATURE: _____ 2/24/95 904(781-1060)
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0020660 CP