# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:10

DOCUMENT # **H12280** **(4)**

1. Corporation Name
**WOODY'S BAR-B-Q, IV, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1626 ATLANTIC UNIVERSITY CIRCLE<br>JACKSONVILLE FL 32207 | 1626 ATLANTIC UNIVERSITY CIRCLE<br>JACKSONVILLE FL 32207 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **07/13/1984** | 3a. Date of Last Report: **05/01/1994** |
| 4. FEI Number: **59-2440422** | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MILLS, JAMES W.<br>1626 ATLANTIC UNIVERSITY CIRCLE<br>JACKSONVILLE FL 32207 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MILLS, JAMES W, JR. | 12 NAME | |
| STREET ADDRESS | 8045 WHISPER LAKE LN W | 13 STREET ADDRESS | |
| CITY ST ZIP | PONTE VEDRA FL | 14 CITY ST ZIP | |
| TITLE | DVP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, SCOTT C. | 22 NAME | |
| STREET ADDRESS | 3333 ATLANTIC BLVD - P.O. BOX 10009 | 23 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 24 CITY ST ZIP | |
| TITLE | STD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MILLS, YOLANDA H | 32 NAME | |
| STREET ADDRESS | 8045 WHISPER LAKE LANE W | 33 STREET ADDRESS | |
| CITY ST ZIP | PONTE VEDRA BCH FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 5/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date

YOLANDA H. MILLS

904-724-1926
Daytime Phone Number

0018884 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **H14495** **(6)**

1. Corporation Name

**SWARTZENDRUBER, SWOR, POLLACK & SHRODER, M.D.'S, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1921 WALDEMERE ST.<br>#802<br>SARASOTA FL 34239<br>US | 1921 WALDEMERE ST.<br>#802<br>SARASOTA FL 34239<br>US |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/01/1984 | 02/28/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number **59-2430593** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SWARTZENDRUBER, GALEN P., M.D.<br>3430 FLAMINGO DRIVE<br>SARASOTA FL 34242 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 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 | 11 TITLE | SECRETARY | ☒ Change ☐ Addition |
| NAME | SWARTZENDRUBER, GALEN P. | 12 NAME | | |
| STREET ADDRESS | 3430 FLAMINGO DR. | 13 STREET ADDRESS | | |
| CITY ST ZIP | SARASOTA FL | 14 CITY ST ZIP | | |
| TITLE | VP | 21 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | SWOR, G.MICHAEL | 22 NAME | | |
| STREET ADDRESS | 4485 S. SHADE | 23 STREET ADDRESS | | |
| CITY ST ZIP | SARASOTA FL | 24 CITY ST ZIP | | |
| TITLE | ST | 31 TITLE | VICE PRESIDENT | ☒ Change ☐ Addition |
| NAME | POLLACK, NEIL B. | 32 NAME | | |
| STREET ADDRESS | 2019 TANGLEWOOD DR. | 33 STREET ADDRESS | 746 SIESTA DR | |
| CITY ST ZIP | SARASOTA FL | 34 CITY ST ZIP | SARASOTA FL 34242 | |
| TITLE | V D | 41 TITLE | CHAIRMAN OF THE BOARD | ☒ Change ☐ Addition |
| NAME | SHRODER, MICHAEL M | 42 NAME | SHRODER, MICHAEL MD | |
| STREET ADDRESS | 3423 LA PALOMA AVE | 43 STREET ADDRESS | | |
| CITY ST ZIP | SARASOTA FL 34242 | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 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)(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 hereof, or on an attachment with an address.

**SIGNATURE:** _____ Secretary 4/4/95 813-917-7888
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

GALEN P. SWARTZENDRUBER MD

0344191 CP