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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H12280

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

Principal Place of Business
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207

Mailing Address
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1984

4. FEI Number
59-2440422

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 7751 Belfort Parkway

22 City & State

27 Suite 175

23 Zip Country

28 Jacksonville, FL

24

29 32256 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, JAMES W.
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7751 Belfort Parkway

83 Suite 175

84 City Jacksonville

FL 85 Zip Code 32256

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

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

(NO E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MILLS, JAMES W, JR.
STREET ADDRESS 8045 WHISPER LAKE LN W
CITY-ST-ZIP PONTE VEDRA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 203 N. ROSCOE Blvd.
1.4 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE DVP
NAME MILLER, SCOTT C.
STREET ADDRESS 3333 ATLANTIC BLVD - P.O. BOX 10099
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME MILLS, YOLANDA H
STREET ADDRESS 8045 WHISPER LAKE LANE W
CITY-ST-ZIP PONTE VEDRA BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 100 Kingfisher Dr.
3.4 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)