

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H17846** (7)

1. Corporation Name:

BENNETT'S BAR-B-QUE, INC.



Principal Place of Business

Mailing Address

6551 S REVERE PKWY #285
ENGLEWOOD CO 80111

6551 S REVERE PKWY #285
ENGLEWOOD CO 80111

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

02/01/1995

4. FEI Number

84-0959377

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

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature typed or printed name of registered agent and corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOTWELL, G. BENNETT	
STREET ADDRESS	6248 S. ELMIRA CIRCLE	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, MICHAEL P.	
STREET ADDRESS	630 BLACKSTONE BLDG.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHOTWELL, JUDITH G.	
STREET ADDRESS	6428 S. ELMIRA CIRCLE	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, WILLIAM J	
STREET ADDRESS	11433 BROWNSTONE DR	
CITY - ST - ZIP	PARKER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, C. FINLEY JR.	
STREET ADDRESS	4230 ORTEGA BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SILBAUGH, JAMES	
STREET ADDRESS	5850 THUNDERHILL RD.	
CITY - ST - ZIP	PARKER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SID HUGGINS	
1.3 STREET ADDRESS	6075 S. JAMAICA WAY	
1.4 CITY - ST - ZIP	ENGLEWOOD CO 80111	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

303 792 3088

Daytime Phone #

CR2E034 (12/95)