

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90190 017 \*\*\*150.00

DOCUMENT # H17846

1. Corporation Name

BENNETT'S BAR-B-QUE, INC.

Principal Place of Business

6551 S REVERE PKWY #285  
ENGLEWOOD CO 80111

Mailing Address

6551 S REVERE PKWY #285  
ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1984

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FISHER, MICHAEL W.  
2600 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHOTWELL, G. BENNETT  
STREET ADDRESS 6248 S. ELMIRA CIRCLE  
CITY-ST-ZIP ENGLEWOOD CO 80126  
*4250 E. Perry Pkwy  
Greenwood Village, CO*

TITLE D  
NAME SAUNDERS, MICHAEL P.  
STREET ADDRESS 630 BLACKSTONE BLDG.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE S  
NAME SHOTWELL, JUDITH G.  
STREET ADDRESS 6428 S. ELMIRA CIRCLE  
CITY-ST-ZIP ENGLEWOOD CO 80126  
*omit*

TITLE VP  
NAME HIGGINS, SID  
STREET ADDRESS 6076 S. JAMAICA WAY  
CITY-ST-ZIP ENGLEWOOD CO 80126  
*omit*

TITLE D  
NAME KNIGHT, C. FINLEY JR.  
STREET ADDRESS 4230 ORTEGA BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VP FINANCE  
NAME William McCormick  
STREET ADDRESS 11433 BROWNSTONE DR.  
CITY-ST-ZIP Parker, CO 80126  
*[Add]*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP Operations  
1.2 NAME Chrissy Strommatt  
1.3 STREET ADDRESS 9498 Wilshire Drive  
1.4 CITY-ST-ZIP Highlands Ranch, CO 80126  
☐ Change ☒ Addition

2.1 TITLE VP CATERING  
2.2 NAME Amy Coleman  
2.3 STREET ADDRESS 2730 OVERLOOK Dr  
2.4 CITY-ST-ZIP Broomfield, CO 80021  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☒ Addition

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:

William McCormick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99  
Date

303 792 3088  
Daytime Phone #

CR2F034 (11/98)