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

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # H19082 (7)

1. Corporation Name
NOLAN'S BAR B Q INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O GARY NOLAN, JR.<br>1961 S. FEDERAL HIGHWAY<br>STUART FL 34994-3915 | C/O GARY NOLAN, JR.<br>~~1961 S. FEDERAL HIGHWAY~~<br>~~STUART FL 34994-3915~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1984
3a. Date of Last Report: 03/30/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 1501-Decker AVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 #314 |
| City & State 23 | City & State 28 Stuart, FL |
| Zip 24 / Country 25 | Zip 29 34994 / Country 30 USA |

4. FEI Number: 59-2457212 — 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

NOLAN, GARY M., JR.
1961 S. FEDERAL HIGHWAY
STUART FL 34994

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: Gary M. Nolan JR. 4/10/95
(Signature of Registered Agent) (Date) (Signature of New Registered Agent, if changed) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | NOLAN, JR., GARY | 12 NAME | |
| STREET ADDRESS | 4796 S.E. MANATEE TERR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NOLAN, KATHRYN | 22 NAME | |
| STREET ADDRESS | 4796 S.E. MANATEE TERR. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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: Gary M. Nolan JR., GARY M. NOLAN SR. 5-7-95 ● 407 2879409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380600 CP