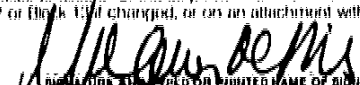


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J00333 (1) 1. Corporation Name WOODY'S BAR-B-Q VI, 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		
2. Principal Place of Business 21		3a. Date of Last Report 05/01/1994
2b. Mailing Address 26		3. Date Incorporated or Qualified 02/19/1986
Suite, Apt. #, etc. 22		4. FEI Number 59-2678940
City & State 23		Applied For Not Applicable
Zip 24		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Country 29		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No
Country 30		
9. Name and Address of Current Registered Agent MILLS, JAMES W., JR. 1626 ATLANTIC UNIV CIR JACKSONVILLE FL 32207		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 _____ DATE _____ Signature: Type or printed name of registered agent and date if applicable. (If 011) Registered Agent signature required when membership.		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MILLS, JAMES W., JR. 8045 WHISPER LAKE LANE W PONTE VERDE BCH FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, SCOTT C. 3333 ATLANTIC BLVD - PO BOX 10000 JACKSONVILLE FL	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MILLS, YOLANDA H 8045 WHISPER LAKE LN W PONTE VEDRA BCH FL	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE ☐ Change ☐ 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 Sections 110.07(3)(b), 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 it makes 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:  YOLANDA H. MILLS		5/23/95 904-724-1976