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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J05190

(0)

DOCUMENT #
1. Corporation Name

BANJO'S BAR-B-Q, INC.



Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  28  Country  Zip  Country  Sit Name  Fee Required  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Added to Fees  Florida Statutes  Xi Yes  No  Sit Name  COOKSEY, TERRY  Sit Name  Sit Street Address (P.O. Box Number is Not Acceptable)	IF PUBE
TALLAHASSEE FL 32301  TALLAHASSEE FL 32301  3. Date Incorporated or Qualified 03/20/1986  05/01/1995  2. Principal Place of Business 2a. Mailing Address 2f	
2. Principal Place of Business 2. Applied Face of Business 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 59-2651964 5. Certificate of Status Dosired Fee Required Fee Required City & State 2. City & State 2. Country 2. Applied For Fee Required Fee Requi	
21 26 59-2651964 Not Applic Suite, Apt. #, etc. Suite, Apt. #, etc. 27 5. Certificate of Status Dosired Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COOKSEY, TERRY 82 Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  28  Country  Zip  Country  Sind Added to Fees Added to Fees Florida Statutes  Xi Yes  No  9. Name and Address of Current Registered Agent  COOKSEY, TERRY  Suite, Apt. #, etc.  5. Certificate of Status Dosired  Fee Required  6. Election Campaign Financing Trust Fund Contribution  Fee Required  Foundry  Street Address of Status Dosired  Fee Required  Fee Required  Foundry  Street Address of Status Dosired  Fee Required  Fee Required  Foundry  Street Address of Status Dosired  Fee Required  Foundry  Street Address of Status Dosired  Fee Required  Fees Required  Fees Required  Fees Required  Fees Required  Fees Required  Founds Fees Required  Fees Required  Founds Fees Required  Fees Required  Founds Fees Requi	
27   5. Certificate of Status Desired   Fee Required   City & State   City & State   Fee Required   28   Country   Zip   Country   St. 00 May Be Added to Fees   29   30   Florida Statutes   Xi Yes   No    9. Name and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)    80   Street Address (P.O. Box Number is Not Acceptable)    10   Fee Required   Fee Requ	
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032,  24 25 29 30 Florida Statutes X Yes No  9. Name and Address of Current Registered Agent  81 Name  COOKSEY, TERRY  82 Street Address (P.O. Box Number is Not Acceptable)	al le
Zip Country Zip Country Street Address of Current Registered Agent  COOKSEY, TERRY  Country Zip Country Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	'
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COOKSEY, TERRY 82 Street Address (P.O. Box Number is Not Acceptable)	
COOKSEY, TERRY  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	
COOKSEY, TERRY  82 Street Address (P.O. Box Number is Not Acceptable)	
OND DAVIDEE AND	
2803 BAYTREE LANE TALLAHASSEE FL 32301  83	
84 City 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	m
SIGNATURE Signature, type or punted harms of registered agent and tills if a palicable (NOTE: Explished Agent signature recurred when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TULE P DELETE 1.1 TILE Change Addit	ion
NAME COOKSEY, TERRY 1.2 NAME	
STREET ANDRESS 2803 BAYTREE LANE 1.3 STREET ADDRESS	
CITY-S1-ZIP TALLAHASSEE FL 1.4 CITY-S1-ZIP	
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NAME 2.2 HAME	
STREET ADDRESS 2.3 STREET ADDRESS	į
CITY_ST_7P	
	On
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS	
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TITLE DELETE 4.1 TITLE Change Addit	on
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STREET ADDRESS 4.3 STREET ADDRESS	
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TITLE DELETE 5 1 TITLE Change Addit	on
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	- 1
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TOTLE Change Addit	0N
NAME 62 NAME ·	
STREET ADDRESS 63 STREET ADDRESS	
CHY-SY-ZIP 64 CHY-ST-ZIP  14. I do hereby certify that the information supplied with this filling is valuntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(a) Elorida Statutes I further	

certify that the information supplied want this limit by yournamy 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 applical report or purplemental 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 constration or the exemption of the constration or the exemption statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (904) 8M-8/11