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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # J05190

(0)

Principal Place of Business

BANJO'S BAR-B-Q, INC.

Mailing Address

FILED	
May 07 1997 8:00ar	m
Secretary of State	



2335 APALACHEE PARKWAY TALLAHASSEE FL 22301			2335 APALACHEE PARKWAY TALLAHASSEE FL 32301-4921						
						Date Incorporated or Qualified     03/20/1986		te of La 01/19	ast Report
2. Principal Place of Business		2a. Mailing Address	F			4. FEI Number	1	Γ.	Applied For
21 Suite, Apt	#. etc.	26   Suite, Apt. #, etc.				59-2651964		60	Not Applicable
22		27	<b>├</b> ₁ ' '		5. Certificate of Status Desired			75 Additional e Required	
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo Added to Fees		
Zip 24	Country 25	Zip 29	Cour 30						der s. 199.032,
CO/	<ol> <li>Name and Address of Cur</li> </ol> OKSEY, TERRY	rent Registered Agent		81	Name	10. Name and Address of New Reg	pistered A	gent	
280	3 BAYTREE LANE								
	LAHASSEE FL 32301		['	82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
			Ī	вэ					
			1	В4	City		FL	85	Zip Code
11. Pursuant to	o the provisions of Sections 607.0 egistered agent, or both, in the St n familiar with, and accept the ob	0502 and 607.1508, Florida Statuate of Florida. Such change was	ites, the ab	ove- by	named corporation	oration submits this statement for the proof's board of directors. I hereby accep	rpose of	changi ointmer	ng its registered at as registered
SIGNATURE	Signature, typod or ponted name of registered					d when reinstating)	DATU		
12.		AND DIRECTORS	13.	Agen	a signature require	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
TITLE			1.1 101	.E			···-	Cha	
NAME	COOKSEY, TERRY		1.2 NAN	ΛE					
STREET ADDRESS	2803 BAYTREE LANE TALLAHASSEE FL				DDRESS				ļ
CITY-ST-ZIP TITLE	INDUNINOULL I L	DELETE	1.4 CiTy 2.1 TiTk		- ZIP			Char	nge 🔲 Addilion
NAME	C) been			2.2 NAME				Oliai	ige [_] Addition
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CITY-ST-ZIP			2. 4 CIT	Y-ST	- ZIP				i i
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STREET ADDRESS					DDRESS				
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NAME		[] better	4.1 ML				ļ	Char	nge [_] Addition
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STREET ADDRESS			5.3 STRI	EET A	DDRESS				
CITY-ST-ZIP			5.4 CITY	'- ST-	- ZIP				
TITLE		DELETE	6.1 1114				Ţ	Char	ige Addition
NAME OZOSST ADODSOS			6.2 NAM						
STREET ADDRESS			6.3 STRI		,				
CITY-ST-ZIP			6.4 CITY	'- ST-	712				İ

I do 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 arriual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the constraint 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.