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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49040

(5)

DELAND BAR-B-Q ENTERPRISES, INC.

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## FILED Feb 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address		r anderein merr dente efter aftert bigte finte beftet fiffet fiffet fiffet bifft bifft bift!	
1375 8 WOOL			1375 S WOODLAND BLVD.			
DELAND FL 3	2720	DELAND FL 32720			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/29/1986	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number Applied For	
21		26			59-2761443 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional	
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Cour	itry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🗌 No	
9, Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent	
PAL	METTO CHARTER SERVICES	, INC.	['	Name		
150 MAGNOLIA AVE				Street A	ddress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32015			L			
			[8	33		
			-	34 City	■■ 85 Zip Code	
			1	1	FL!	
Office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Horida. Such change wa	s authorized	by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature typod or proted name of registered				oquired when reinstating) DA16	
12.		AND DIRECTORS	13.	garage A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1,1 TITL	f T	Change Addition	
NAME	TOMLINSON, WILLIAM N.		1.2 NAM	te		
STREET ADDRESS	4000 C 1440 CC 1440 CL 14			ET ADDRESS		
CITY-ST-ZIP	DELAND FL	Pl		-S1-ZIP		
TITLE	DST	DELETE	2.1 TITL		☐ Change ☐ Addition	
NAME	TOMLINSON, CAROLYN F.		22 NAM	IF I		
STREET ADDRESS	1000 0 1110 OD 1110 DILLO			ET ADDRESS		
CITY-ST-ZIP	DELAND FL			(-ST-ZIP		
TITLE			3.1 1/11/		Change Addition	
NAME	_		3.2 NAM	<sub>F</sub>		
STREET ADDRESS			3.3.STRF	ET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		<del></del>	4.2 NAN	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CiTY			
TITLE	<del></del>	DELETE	51 TITLE		☐ Change ☐ Addition	
NAME		-	5.2 NAM			
STREET ADDRESS			ı	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- 1		
TITLE	·	DELETÉ	6.1 TITLE		Change Addition	
NAME		_	6.2 NAM			
STREET ADDRESS			H	FT ADDRESS		
CITY-ST-ZIP			6.4 CHY	ļ		
14. I hereby co	ertify that the information supplied	with this filing does not qualify	for the exem	otion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of officer or d	o <b>n this a</b> nnual report or suppleme	ntal annual report is true and ac eceiver or trustee empowered to ttachment with an address.	ocurate and t	hat my siona	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	