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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83320

(8)

ROCKLEDGE BAR-B-Q, INC.

Principal Place of Business Mailing Address 411 BARTON BLVD 411 BARTON BLVD ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 59-2821502 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zìp Country Zip Country 8. This corporation owes or has pald the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KELLER, JANET I 411 BARTON BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **ROCKLEDGE FL 32955** 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition TITLE DS \_\_\_ DELETE 1.1 TITLE KELLER, JESSE 1.2 NAME NAME 411 BARTON BLVD 1.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP \_\_\_ Addition DELETE Change 2.1 TITLE KELLER, JANET I. 2.2 NAME NAME 411 BARTON BLVD 2,3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 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:

1/7/98 (407)631-9751 OPPLY JANET I KELLER

CR2E034

**FILED** 

Jan 28 1998 8:00am

Secretary of State