

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K17003**

1. Entity Name  
**B B CHICKEN COMPANY**



Principal Place of Business  
**200 W FORSYTH STREET  
SUITE 1600  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**P.O. BOX 52898  
JACKSONVILLE, FL 32201-2898 US**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2875736**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOUSTON, CLARENCE H., JR.  
1600 FIRST UNION BUILDING  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	STEIN, ROBERT L.
STREET ADDRESS	121 W. FORSYTH STREET, 200
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	NEWTON, RUSSELL B., JR.
STREET ADDRESS	200 W FORSYTH STREET, SUITE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	T
NAME	VAUGHAN, D. D.
STREET ADDRESS	200 W FORSYTH STREET, M SUITE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	BREWER, JERILYN W.
STREET ADDRESS	121 W. FORSYTH STREET, 200
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	V
NAME	HODGES, W
STREET ADDRESS	200 W FORSYTH STREET, SUITE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000324939

04/22/05-80110-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Russell B Newton Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/05*  
Date

*(904) 356-1739*  
Daytime Phone #