

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K60214 (9)  
1. Corporation Name  
WOODY'S BAR-B-Q VIII, INC.

Principal Place of Business  
1626 ATLANTIC UNIVERSITY CIRCLE  
JACKSONVILLE FL 32207-9227

Mailing Address  
1626 ATLANTIC UNIVERSITY CIRCLE  
JACKSONVILLE FL 32207-9227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2927010	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLS, ALDA R. 2525 PATSY ANN DRIVE JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent	
				81 Name CHANDLER BASIL	
				82 Street Address (P.O. Box Numbers Not Acceptable) 14019 Beach Blvd #808	
				83	
				84 City JAX FL	
				85 Zip Code 32246	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits 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 Basil Chandler 4-29-98 Basil Chandler 4-29-98  
Signature, typed or printed name of registered agent and title if applicable (If SEIL - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ALDA R	12 NAME	
STREET ADDRESS	2525 PATSY ANN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP	
TITLE	OWNER	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER BASIL	22 NAME	
STREET ADDRESS	10771-301 Beach Blvd	23 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32246	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Basil Chandler 4-29-98 904-642-3774

CP2E034 (10/97)